

STATE OF WASHINGTON

PUBLIC DISCLOSURE COMMISSION

711 Capitol Way Rm 206, PO Box 40908 • Olympia, Washington 98504-0908 • (360) 753-1111 • FAX (360) 753-1112
Toll Free 1-877-601-2828 • E-mail: pdc@pdc.wa.gov • Website: www.pdc.wa.gov

MEMORANDUM

TO:

Philip E. Stutzman, Director of Compliance

FROM:

Vicki Rippie, Executive Director

DATE:

December 28, 2005

SUBJECT:

Complaint Against Nick Federici, Lobbyist

RCW 42.17.150 requires lobbyists, before doing any lobbying, or within thirty days after being employed as a lobbyist, whichever occurs first, to register by filing with the commission a lobbyist registration statement, in such detail as the commission shall prescribe. The required elements of the registration are detailed on PDC form L-1. Each lobbyist who has registered shall file a new registration statement, revised as appropriate, on the second Monday in January of each odd-numbered year, and failure to do so shall terminate his registration.

RCW 42.17.170 requires lobbyists registered under RCW 42.17.150 and any person who lobbies to file with the commission periodic reports of his or her activities signed by the lobbyist. The reports shall be made in the form and manner prescribed by the commission (PDC form L-2). They shall be due monthly and shall be filed within fifteen days after the last day of the calendar month covered by the report.

Summary: Nick Federici has been a registered lobbyist since 1997. At the end of 2004, he was registered and reporting for nine clients. By January 10, 2005, he was required to file a new registration statement, revised as appropriate, for each continuing or new client. By January 10, Mr. Federici had registered for one of his prior year's clients.

Mr. Federici did not timely file a monthly L-2 report for January, and on March 8, 2005, received a warning letter. The letter reminded him that an L-2 report for January was required to be filed by February 15, 2005. The correspondence included the Commission's "Brief Enforcement Penalty Schedule" for lobbyists and urged him to give the matter his immediate attention and to ensure that all future reports were timely filed.

On April 5, 2005, Mr. Federici filed his January, February and March L-2 reports, in time to avoid enforcement for his late-filed February L-2 report.



When the three reports were filed, it was noted that the L-2 reports included reportable information for ten clients, even though he had only re-registered for one client. Mr. Federici was contacted by telephone and asked to file the missing lobbyist registrations. When the missing registrations were not filed, he was contacted again and asked to appear at the offices of the Public Disclosure Commission to explain why he had not registered for nine of his clients. At a meeting with PDC staff on September 27, Mr. Federici was told to file the missing lobbyist registrations immediately. On October 20, 2005, eight of the nine registrations were filed 290 days late, and on November 10, the final missing L-1 was filed 311 days late.

Mr. Federici filed L-2 reports during 2005 for all of his clients, even though he was only registered to lobby for one client. However, most L-2 reports were filed late, even after receiving a warning letter for the late-filed January L-2 report. His L-2 filings for 2005 are summarized below:

Month	Total Compensation & Expenses	Days Late
January	\$ 17,300	49
February	\$ 17,300	-21
March	\$ 17,300	0
April	\$ 17,300	.35
May	\$ 12,900	5
June	\$ 9,650	26
July	\$ 23,300	0
August	\$ 9,400	12
September	\$ 9,400	46
October	\$ 10,150	17
November		Not Filed
TOTAL	\$ 144,000	0 – 49

Based on this information, I am filing this complaint and directing staff to investigate the allegations that Nick Federici: 1) failed to timely register to lobby for nine of the ten clients which employed him during 2005; and 2) failed to timely file his monthly L-2 expense reports.

Of his ten clients, one registration was timely filed, eight were 290 days late, and one was 311 days late. Of the ten L-2 reports filed for January through October 2005, six were filed more than 15 days late. In addition, the November 2005 L-2 report has not been filed.

Vicki Rippie, Executive Director

12/28/05 Date

EXHIBIT#1

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-677-601-2828	T REGISTRATION	L1	RECEIVED OCT 2 0 2005
1. Lobbyist Name NICK FEDERICI		Business To	ublic Disciosure Commission (360) 481-1934
Permanent Business Address 2927 CWVENFIELD DA SE		Temporary Cell Phone or Pager	,
City State OLYMP/A 2. Temporary Thurston County address during legislative session	9817/		CF CEARTH LINK.
3. Employer's name and address (person or group for which you lobby) AMERICAN LYNE ASSOCIATION OF WASHING 2625 THICD AVENUE SEATTLE, WA 4. Name and address of person having custody of accounts, receipts, books or of lobbyist reports. (Person responsible for producing the annual L3 report) TONY PETERSON (SEE LINE 3)	98/2/	E-Mail Add	TH CANE Tress N @ ALAW, ON O
5. What is your pay (compensation) for lobbying? \$\frac{4000}{\text{(hour, day, month, year)}} \text{per} \frac{(\text{hour, day, month, year)}}{\text{(TNTERIM)}}	Description of employment (check or Full time employee Part time or temporary employee Contractor, retainer or similar age Unsalaried officer or member of g	eement	Sole duty is lobbying Lobbying is only a part of other duties
6. Are you reimbursed for lobbying expenses? Explain which expenses. Yes: \$ per Yes: I am reimbursed for expenses. No: I am not reimbursed for expenses. 7. How long do you expect to lobby for this organization?	Does employer pay any of your lobby If yes, explain which ones.	ing expenses di	ectly?
Permanent lobbyist Only during legislative session	Other, Explain:		
 8. Is your employer a business or trade association or similar organization which lemember who has paid the association fees, dues or other payments over \$500 No	during either of the past two years or is example, or is expected to pay over \$500.	pected to pay ov	er \$500 this year.
Yes. Name of the committee is: 10. If lobbyist is a company, partnership or similar business entity which employs of 143 and 144 for instructions.) ALIA GRIFFING	thers to perform actual lobbying duties, list	name of each pe	erson who will lobby. (See WAC 390-20
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects: CODE SUBJECT CODE SUBJECT Higher education Human services 03 Constitutions and elections 11 Labor Law and justice Energy and utilities 12 Local government Environmental affairs - natural 14 State government Transportation Financial institutions and insurance 16 Other - Specify:	Remarks: EXHIB of	1 1 #2	

CERTIFICATION: I her statement.

HEALTH CARE

eby certify that the above is a true, complete and correct

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE CEO

in this registration statement.

NOT VALID UNLESS SIGNED BY BOTH

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

LOBBYIST REGISTRATION

L1

THIS SPACE FOR OFFICE USE

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(360) 753-1111				(IEOEITE
TOLL FREE 1-877-	601-2828		(12/03)	OCT 2 0 2005
1. Lobbyist Name			'	phone Numbers
NICK FEDERICI	(Permanent (34016 Diachterie Commission
Permanent Business Address			Temporary ()
DATE CLASS	are Salve Co	•	Cell Phone ()
2927 CLOVERFIE	eld DRIVE SE		or Pager	
City	State	Zip	E-Mail Address	_
OLYMPIA	WH	98501	NICK,	E C EARTH LING, NE
2. Temporary Thurston County address during	legislative session		Employer's occ purpose of orga	supation, business or description of anization
3. Employer's name and address (person or or	oun for which you lobby)	-		
3. Employer's name and address (person or gr CHOICE REGIONAL HEA 2409 PACIFIC AVE SE	OLYMPIA WA	98501	/TEA	LTH CARE
4. Name and address of person having custody	of accounts, receipts, books or oth		E-Mail Addre	SS
lobbyist reports. (Person responsible for pro	oducing the annual L3 report)			
5. What is your pay (compensation) for lobbying	ng?	Description of employment (check	one or more boxes)	
5. What is your pay (compensation) for lobbying per per (hour, day, month,	<i>}</i>	☐ Full time employee		Sole duty is lobbying
(nour, day, month, Other: Explain:	year)	Part time or temporary employ Contractor, retainer or similar a		Lobbying is only a part of other duties
		☐ Unsalaried officer or member of	•	of other daties
6. Are you reimbursed for lobbying expenses?	Explain which expenses.	Does employer pay any of your lob If yes, explain which ones.	bying expenses direc	tly?
Yes: \$ per Yes: am reimbursed for expenses.	_	Ala		
No: I am not reimbursed for expense		1,00		
 How long do you expect to lobby for this orga Permanent lobbyist 	Inization? Only during legislative session	Other, Explain:		
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 Is your employer a business or trade associa member who has paid the association fees, or 				
►	However, no member has paid, pay		expected to pay over	4000 tina year.
Yes. The list is attached				
Does your employer have a connected, relate tickets to fund raising events? If so, list the name	ed or closely affiliated political action of that political action committee.	n committee which will provide funds for	r you to make politica	contributions including purchase
No No	•			
Yes. Name of the committee is: 10. If lobbyist is a company, partnership or simila	r business entity which employs oth	ers to perform actual lobbying duties. I	ist name of each ners	on who will lobby (See WAC 390-20-
143 and 144 for instructions.)	•	, , , , , , , , , , , , , , , , , , ,		
ALIA GRIFFINA				
11. Areas of interest. Lobbying is most frequent		Remarks:		
nembers or state agencies concerned with follow CODE SUBJECT	· ·			
01 Agriculture	CODE SUBJECT 09 Higher education			
02 Business and consumer affairs 03 Constitutions and elections	10 Human services 11 Labor		+ 2	
04 ☐ Education 05 ☐ Energy and utilities	12 ☐ Law and justice 13 ☐ Local government	2 ^{EX}	HIBIT#2	•
06 Environmental affairs - natural resources - parks	14 ☐ State government 15 ☐ Transportation		of8	-
Financial institutions and insurance	16 Other - Specify:			
- 0/1	HEALTH CARE			
statement.	ove is a true, complete and correct	EMPLOYER'S AUTHORIZATION in this registration statement.	: Confirming the em	ployment authority to lobby described
2. LOBBY/ST/SP/ST/FI	DATE	EMPLOYER'S SIGNATURE, NAM	E TYPED OR PRINT	ED, AND TITLE DATE
	10/1/2			

PUBLIC DISCLOSU	RE COMMISSION
	711 CAPITOL WAY RM 206
	PO BOX 40908
	OLYMPIA WA 98504-0908
	(360) 753-1111

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	OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	LOBBAISI	REGISTRATION	OCT 2 0 2005
1. Lobbyist Name NICL Permanent Bus	FEDERICI			Permanent (340) 481-1930
-	CUVERFIELD.	DRIVE SE		Temporary () Cell Phone () or Pager
OLYMA 2 Temporacy Thu	7/14 rston County address during legislative	State WA session	9850/	E-Mail Address N1Ck F (2) EANTHUNK, NQ Employer's occupation, business or description of
	ne and address (person or group for wh			purpose of organization LWG -TELM CARE
SUAN/TO	ress of person having custody of accounts. (Person responsible for producing the	e annual L3 report)		E-Mail Address JWIFFING KITSAPHOMECANE, CA 17E 350, BREMERTM, WA 9831
5. What is your pa \$	y (compensation) for lobbying? per WW)TH (hour, day, month, year)		Description of employment (check one Full time employee Part time or temporary employee Contractor, retainer or similar agre Unsalaried officer or member of g	Sole duty is lobbying Sole bying is only a part of other duties
Yes: \$ Yes: Ia	rsed for lobbying expenses? Explain w per m reimbursed for expenses. m not reimbursed for expenses. u expect to lobby for this organization?		Does employer pay any of your lobbying the sexual of your lobbying the sexual of the s	ng expenses directly?
Permanent 8. Is your employe	lobbyist Only due or a business or trade association or sin us paid the association fees, dues or other	ring legislative session nilar organization which lobb ner payments over \$500 due	ring either of the past two years or is exp	attach a list showing the name and address of each pected to pay over \$500 this year.
tickets to fund raisin No Yes. Name	st is attached over have a connected, related or close g events? If so, list the name of that po of the committee is:	ely affiliated political action of olitical action committee.		ou to make political contributions including purchase name of each person who will lobby. (See WAC 390-20
143 and 144 for	, , ,	, , ,	, , , ,	, , , , , , ,
CODE SUBJE 01 Agricult 02 Busines 03 Constitt 04 Educati 05 Energy 06 Environ resour	ture 09 ss and consumer affairs 10 ss and elections 11 on 12 and utilities 13 mental affairs - natural 14 ces - parks 15 al institutions and insurance 16		Remarks:	IBIT#Z f <u> </u>
CERTIFICATION Statement 12. LOBBY/STERM	N: I have by certify that the above is a t	PATE	EMPLOYER'S AUTHORIZATION: in this registration statement. EMPLOYER'S SIGNATURE, MAME	Confirming the employment authority to lobby described TYPED OR RRINTED, AND TITLE DATE
	(1)	10/1/03		<u> </u>

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PUBLIC == DISCLOSU	RE COMMISSION
	711 CAPITOL WAY RM 206
	PO BOX 40908
	OLYMPIA WA 98504-0908
	(360) 753-1111
•	TOLL FREE 1-877-601-2828

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE RECEIVED

(360) 753-1111 TOLL FREE 1-877-601-2828		(12/03)	OCT 2 0 2005
1. Lobbyist Name	<u> </u>		phone Public Disclosure Commission
NICK FEDERICI		Permanent (300) 481-1936
Permanent Business Address		Temporary ()
2927 CLOVERFIELD DRIVE SE	2	Cell Phone (or Pager)
OLYMPIA WA	98501	E-Mail Address	GEANTHUNG, NET
2. Temporary Thurston County address during legislative session		Employer's occupurpose of orga	upation, business or description of anization
3. Employer's name and address (person or group for which you lobby) MIDWILL ASSOCIATION OF WASHINGT OF PUFET SOUND BINTH CENTER 13128 TOTEM LAKE BLYD NE #101 KIRK	LAND, WA 98034	1/80	HITH CARE
4. Name and address of person having custody of accounts, receipts, books or clobbyist reports. (Person responsible for producing the annual L3 report) VICTIMA MALLOY (SEE LINE 3)	other documents which substantiate	E-Mail Addre	ss Cemcast. Net
	Description of employment (check of	one or more boxes)	
5. What is your pay (compensation) for lobbying? \$ 1000 per	Full time employee Part time or temporary employe Contractor, retainer or similar a Unsalaried officer or member of	greement	Sole duty is lobbying Cobbying is only a part of other duties
6. Are you reimbursed for lobbying expenses? Explain which expenses. Yes: \$ per Yes: I am reimbursed for expenses. No: I am not reimbursed for expenses.	Does employer pay any of your lobb If yes, explain which ones.	oying expenses direc	ily?
7. How long do you expect to lobby for this organization? Permanent lobbyist	Other, Explain:		
 8. Is your employer a business or trade association or similar organization which member who has paid the association fees, dues or other payments over \$500 No Yes. However, no member has paid, p Yes. The list is attached 	0 during either of the past two years or is e	" attach a list showin xpected to pay over	g the name and address of each \$500 this year.
 9. Does your employer have a connected, related or closely affiliated political act tickets to fund raising events? If so, list the name of that political action committee No Yes. Name of the committee is: 	tion committee which will provide funds for e.	you to make political	contributions including purchase
10. If lobbyist is a company, partnership or similar business entity which employs	others to perform actual lobbying duties, lis	t name of each pers	on who will lobby. (See WAC 390-20-
143 and 144 for instructions.) ALIA GRIFFING			
Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:	Remarks:		
CODE SUBJECT 01 Agriculture 02 Business and consumer affairs 03 Constitutions and elections 04 Education 05 Energy and utilities 06 Environmental affairs - natural resources - parks 07 Financial institutions and insurance 08 Fiscal	EX	HIBIT #2 of_8_	•
CERTIFICATION: I have be certify that the above is a true, complete and corre	ect EMPLOYER'S AUTHORIZATION	Confirming the emi	ployment authority to lobby described
statement DATE.	in this registration statement. EMPINOYER'S SIGNATURE, NAMI		
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PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111	LOBBYIST	REGISTRATION	L1	RECEIVED
TOLL FREE 1-877-601-2828			(12/03)	OCT 2 0 2005
1. Lobbyist Name NICH FEDERICI			Business Telep	Public Disclosure Commission
Permanent Business Address 2927 CUVERFIELD D	RIVE SE		Temporary (Cell Phone (or Pager)
OLYMPIA	State WA	98501	E-Mail Address	F@EARTHUNG.NES
2. Temporary Thurston County address during legislative set 3. Employer's name and address (person or group for which NATION AL ASSOCIATION OF SE SZZ 85TH AVENUE #B100)	n you lobby) OCIAL WORK	EAS 4 98103	Employer's occ purpose of orga	upation, business or description of inization
4. Name and address of person having custody of accounts lobbyist reports. (Person responsible for producing the a	, receipts, books or other		E-Mail Addre	uasw-wa.orc
5. What is your pay (compensation) for lobbying? s // 60 per M 0 774		Description of employment (check or	ne or more boxes)	Sole duty is lobbying
(hour, day, month, year) Other: Explain:		Part time or temporary employee Contractor, retainer or similar ag Unsalaried officer or member of	reement	Lobbying is only a part of other duties
6. Are you reimbursed for lobbying expenses? Explain whice Yes: \$ per Yes: I am reimbursed for expenses. No: I am not reimbursed for expenses. How long do you expect to lobby for this organization?	h expenses.	Does employer pay any of your lobby If yes, explain which ones.	ring expenses direc	ily?
	g legislative session	Other, Explain:		
Yes. The list is attached	payments over \$500 dur member has paid, pays,	ing either of the past two years or is ex or is expected to pay over \$500.	pected to pay over	\$500 this year.
 9. Does your employer have a connected, related or closely tickets to fund raising events? If so, list the name of that polition No Yes. Name of the committee is: 	ical action committee.			
10. If lobbyist is a company, partnership or similar business e 143 and 144 for instructions.) A LIA GRIPPING	ntity which employs other	rs to perform actual lobbying duties, list	name of each pers	on who will lobby. (See WAC 390-20-
02 Business and consumer affairs 10 F F S S S S S S S S S S S S S S S S S		Remarks:	XHIBIT #	£2 5
08 Fiscal		1		

certify that the above is a true, complete and correct

DATE

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WA PO BOX 40908 OLYMPIA WA 98 (360) 753-1111 TOLL FREE 1-87 1. Lobbyist Name NICH FEDEM CI Permanent Business Address	LOBBYIS	T REGISTRATION	THIS SPACE FOR DEELCE USE RECEIVED OCT & 0 2005 (12/03) Business Telephic Disclosure Commission Permanent (360) 481-1936 Temporary ()
2927 CLOVERFIE	ed drive se		Cell Phone () or Pager
OLYMPIA	State WA	985°/	E-Mail Address NICKE EARTHUNK.NET
2. Temporary Thurston County address during	g legislative session		Employer's occupation, business or description of purpose of organization
3. Employer's name and address (person or NESPIRATIONY CARE SO P.O. BOX 242 SEAHU	group for which you lobby) CIETY OF WASI+IN RST. WA 98062	-0242	HENTETH CAME
4. Name and address of person having custo lobbyist reports. (Person responsible for lobbyist reports.) HOLLY MED (SEE UNE 5. What is your pay (compensation) for lobby per Month (hour, day, month) Other: Explain:	ying? (SESS/W) th, year)	Description of employment (check of Full time employee Part time or temporary employee Contractor, retainer or similar as	Sole duty is lobbying Example 2
6. Are you reimbursed for lobbying expenses Yes: \$ per Yes: I am reimbursed for expense No: I am not reimbursed for expe	? Explain which expenses.	Does employer pay any of your lobb if yes, explain which ones.	
 How long do you expect to lobby for this of Permanent lobbyist 	rganization? Only during legislative session	Other, Explain:	
member who has paid the association fee No Yes. The list is attached 9. Does your employer have a connected, re tickets to fund raising events? If so, list the nate No Yes. Name of the committee is:	s, dues or other payments over \$500 es. However, no member has paid, parated or closely affiliated political action committee.	during either of the past two years or is easys, or is expected to pay over \$500.	r, attach a list showing the name and address of each expected to pay over \$500 this year. Tyou to make political contributions including purchase list name of each person who will lobby. (See WAC 390-20)
11. Areas of interest. Lobbying is most freque	ent before legislative committee	Remarks:	
members or state agencies concerned with fol CODE SUBJECT O1 Agriculture Business and consumer affairs Constitutions and elections Education 50 Energy and utilities Environmental affairs - natural resources - parks Financial institutions and insurance	CODE SUBJECT 09 Higher education 10 Human services 11 Labor 12 Law and justice 13 Local government 14 State government 15 Transportation	E	EXHIBIT#2 of_6

HEALTH CARE

sycertify that the above is a true, complete and correct

CERTIFICATION: I here statement.

DATE

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

in this registration statement.

LOBBYIST REGISTRATION

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THIS SPACE FOR OFFICE USE

RECEIVED

NOT VALID UNLESS SIGNED BY BOTH

TOLL FREE 1-877-601-2828			(12/03)	OCT 2 0 2005
1. Lobbyist Name		<u> </u>	Business Te	lephone Numbers
NICH FEDERICI			Permanent	hittle Discission Complission
Domesont Business Address			Temporary	()
2927 CLOVERFIELD DR SE			Cell Phone or Pager	()
City State	·	Zip	E-Mail Addre	ess
OLYMPIA WA		98501	NICH	FC EARTH LING. NET
2. Temporary Thurston County address during legislative session			Employer's of purpose of o	occupation, business or description of rganization
3. Employer's name and address (person or group for which you lobby WASHINGTON LOW IN COME ITOUS!N 811 FIRST AVENUE #408, SEATTLE	, WA 9	1810Y		USING
 Name and address of person having custody of accounts, receipts, lobbyist reports. (Person responsible for producing the annual L3 re 		documents which substantiate	E-Mail Add	dress ILIHA, MG
SHANE ROCK, WA LOW INCOME H			_	
5. What is your pay (compensation) for lobbying? \$ 3200 per MONTH (hour, day, month, year)		Description of employment (check	one or more boxes	s)
per		☐ Full time employee ☐ Part time or temporary employ ☒ Contractor, retainer or similar ☐ Unsalaried officer or member	agreement	Sole duty is lobbying Lobbying is only a part of other duties
6. Are you reimbursed for lobbying expenses? Explain which expense	s.	Does employer pay any of your lo	obying expenses di	rectly?
☐ Yes: \$ per Yes: I am reimbursed for expenses. ☐ No: I am not reimbursed for expenses.		No		
7. How long do you expect to lobby for this organization? Permanent lobbyist Only during legislative	session	Other, Explain:		
8. Is your employer a business or trade association or similar organiza	tion which lobbi	es on behalf of its members? If "ye	s," attach a list sho	wing the name and address of each
member who has paid the association fees, dues or other payments	over \$500 duri	ng either of the past two years or is	expected to pay or	ver \$500 this year.
➤ No	ias paiu, pays, i	or is expected to pay over 4500.		
Does your employer have a connected, related or closely affiliated p tickets to fund raising events? If so, list the name of that political action	olitical action co committee.	ommittee which will provide funds for	or you to make poli	tical contributions including purchase
Yes. Name of the committee is:				
 If lobbyist is a company, partnership or similar business entity which 143 and 144 for instructions.) 	employs others	s to perform actual lobbying duties,	list name of each p	erson who will lobby. (See WAC 390-20
ALIA GRIFFING				
11. Areas of interest. Lobbying is most frequent before legislative commembers or state agencies concerned with following subjects:	nittee	Remarks:		
CODE SUBJECT CODE SUBJECT				
01 Agriculture 09 Higher edu-				
03 Constitutions and elections 11 Labor 12 Law and just	stice	E	XHIBIT	* Z
05 Energy and utilities 13 Local gover 06 Environmental affairs - natural 14 State gover			of <u>`</u>	<u> </u>
resources - parks 15 Transportal	tion			
08 Fiscal Housing				
CERTIFACATION: I bereby certify that the above is a true, complete state hereby		in this registration statement.		employment authority to lobby described
12. LOBBY ST S S CONTROL DA	TE	EMPLOYER'S SIGNATURE, NA		14/13/05
	1/05	Share Rock E	ces. Dinestas	WALOU FACORE AND

LOBBYIST REGISTRATION

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TOLL FREE 1-8	77-601-2628		(12/03)	MEORIACO
Lobbyist Name			Rusiness Telent	OCT 2 0 2005
NICH FEDERIC	41		1	liste Discussion
Permanent Business Address			Temporary ()
2927 CLOVERP	IELS DRIVES	ε	Cell Phone (or Pager)
OLYMPIA	State WA	98 50)	E-Mail Address	C @ EANTHLING.NE
Temporary Thurston County address duri	ng legislative session		Employer's occu purpose of organ	pation, business or description of nization
3. Employer's name and address (person of WASHING TOW TOXICS 4649 SUNNYSIDE AVE	COALITION	ce, wA 98/03	ENVIR	MENTAL CTIAN
Name and address of person having cust lobbyist reports. (Person responsible for JEHFCOHN (SEE LIM	producing the annual L3 report)	or other documents which substantiate	E Mail Address	
5. What is your pay (compensation) for lobt	oying?	Description of employment (chec	k one or more boxes)	
\$ 1250 per Mow 7 (hour, day, more Other: Explain:	77 hth, year)	☐ Full time employee ☐ Part time or temporary emplo ☐ Contractor, retainer or similar ☐ Unsalaried officer or member	r agreement	Sole duty is lobbying Lobbying is only a part of other duties
Are you reimbursed for lobbying expenses Yes: \$ per Yes: I am reimbursed for expense No: I am not reimbursed for expense	s.	Does employer pay any of your keep of the second of the se	obbying expenses directly	, V3
 How long do you expect to lobby for this of Permanent lobbyist 	rganization? Only during legislative session	n Other, Explain:		
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9. Does your employer have a connected, re tickets to fund raising events? If so, list the na No Yes. Name of the committee is:	lated or closely affiliated political a me of that political action committe	ction committee which will provide funds f ee.	or you to make political o	contributions including purchase
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ALIA GRIFKING				
11. Areas of interest. Lobbying is most freque members or state agencies concerned with following	nt before legislative committee owing subjects:	Remarks:		
CODE SUBJECT O12 Agriculture 02 Business and consumer affairs 03 Constitutions and elections 04 Energy and utilities Environmental affairs - natural resources - parks 07 Financial institutions and insurance Fiscal	CODE SUBJECT 09 Higher education 10 Human services 11 Labor 12 Law and justice 13 Local government 14 State government 15 Transportation	g ^E	XHIBIT#2 _of6	-
CERTIFICATION: Thereby certify that the statement.	above is a true, complete and cor	rect EMPLOYER'S AUTHORIZATIO in this registration statement.	N: Confirming the empl	oyment authority to lobby described
12. 12. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	DATE /	EMPLOYER'S SIGNATURE NA	ME TYPED OR PRINTE	D, AND TITLE DATE
I by to give y will to		I Dread I ma	ALL NOT VALID	UNLESS SIGNED BY BOTH

PUBLIC	■ DISCLOSU	RE COMMISSION
		711 CAPITOL WAY RE
		PO BOX 40905
		OLYMPIA WA 98504-0
	T	(360) 753-1111
	* .	TOLL FREE 1-877-801

12. LOSS)

DATE FILED PDC

ORE, NAME TYPED OR PRINTED, AND TITLE

LOBBYIST REGISTRATION NOV 1 0 2005 [12/03] 1. Lobbyist Name **Business Telephone Numbers** Permanent (360) 481-1936 NICH FEDERICI Temporary (Cell Phone (2927 CLOVERFIELD DRIVE SE or Pager NYMPIA NICHER EARTHLINK 98501 Temporary Thurston County address during legislative session Employer's occupation, business or description Employer's name and address (person or group for which you lobby) HEALTH GARE IBLOO NE IBENDSTREET KIRKLAND, WA NATAUE, PRICE CARDENTHEAUTH Name and address of person having custody of accounts, receipts, books or other documents which substantiale lobbylst reports. (Person responsible for producing the annual £3 report) NATALIE PRICE (SEE LINE 3) What is your pay (compensation) for tobbying? Description of employment (check one or more boxes) per M M 77-f Sele duty is loobying ☐ Full time employee (hour, day, month, year) Part time or temporary employee Lobbying is only a pa Other: Explain: Confractor, retainer or similar agreement of other duties ☐ Unsalaried officer or member of group Does employer pay any of your lobbying expenses directly? 6. Are you reimbursed for lobbying expenses? Explain which expenses. If yes, explain which ones. Yes: \$ _____ per ______
Yes: 1 am relimbursed for expenses. I am not reimbursed for expanses. 7. How long do you expect to lobby for this organization? Only during legislative session Other, Explain: Permanent lobbyist is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year. **≱** No Yas. However, no member has paid, pays, or is expected to pay over \$500. Yes. The list is attached Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purcha tickets to fund raising events? If so, list the name of that political action committee Yes. Name of the committee is: 10. Il labbyist is a company, partnership or similar business entity which employs others to perform actual tobbying duties, list name of each person who will lobby. (See WAC ? 143 and 144 for instructions.) MILLING 11. Areas of interest. Lobbying is most frequent before legislative committee Remarks rnembers or state agencies concerned with following subjects CODE SUBJECT CODE SUBJECT 01 Agriculture Higher education Business and consumer affairs 02 10 N Human sarvices 03 Constitutions and elections Labor EXHIBIT#3 Education Law and justice 05 🗀 Energy and utilities Local government Environmental affeirs - natural State government resources - parks Transportation Other - Specify Financial institutions and insurance HEALTH CARE CERTIFI EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobiby des certify that the above is a true, complete and correct

EMPLOYER'S SIG

NICK FEDERICI

2927 Cloverfield Drive SE, Olympia, WA 98501 (360) 481-1936 phone • nickf@earthlink.net

JAN 0 9 2006

Public Disclosure Commission

Mr. Philip E. Stutzman Director of Compliance Washington State Public Disclosure Commission 711 Capitol Way, Room 206 Olympia, WA 98504-0908

January 9, 2006

Dear Mr. Stutzman:

I have received your letter dated December 28, 2005, and the accompanying complaint from Vicki Rippie from the same date, and the request that I respond in writing by January 6, 2006. This correspondence is my response to the complainant's allegations. As you indicated in your voice mail to me January 9, 2006, Kurt Young advised me on January 6, 2006 that I could bring a hard copy of this response to your office today. I appreciate the additional post-holiday time to complete and submit this response as we enter the teeth of a new Legislative Session.

As I understand the complaint, it alleges that:

- 1. I failed to timely register nine of my ten clients for which I was employed during 2005; and
- 2. I failed to timely file my monthly L-2 reports after receiving a warning letter on March 8, 2005.

Regarding the first complaint, as you and I discussed at our meeting attended by you, me, and Jennifer Hanson at the Public Disclosure Commission offices on September 27, 2005, I neglected to re-file the required L-1 forms at the beginning of 2005 because I foolishly forgot that this was required at the beginning of each odd-numbered year. I believe that eight of the nine forms that I failed to file on time were for continuing clients for whom my terms of contract had not changed since previously filing the L-1 for them, and so the PDC and the public were not in fact deprived of any information regarding my contractual status with those clients. The error on the remaining client was simply an oversight on my part. I cannot stress strongly enough that at no time was my lack of filing willful or intentional, and I have never deliberately sought to withhold information from the Public Disclosure Commission or the public.

Generally, the Public Disclosure Commission is extremely vigilant in reminding me that I have failed to file in a timely fashion, and I seek to comply with those reminders as quickly as possible. In the case of the L-1 forms, the first notice I received was a phone call in September from the PDC staff indicating that you wanted a meeting to discuss my L-1 forms. Only once we met in person was I aware of the nature of the concern regarding my L-1 forms.

At that meeting, you requested that I immediately obtain the signatures necessary to file the L-1 forms, and that it would be preferable that I bring in all of the completed forms at the same time.

I immediately contacted my clients and sent them copies of the completed L-1 forms to countersign, but did not receive an immediate response from all clients. I believe that I spoke with both yourself and Ms. Hanson once each in the week or so following our meeting to let you know that I was assiduously working to complete the required paperwork and hoped to be bringing all the L-1 reports in as soon as possible. Eventually, I received back a number of the forms in the mail, and scheduled meetings with a number of other client organization representatives for the express purpose of directly obtaining their signatures. Once I had received those, I hand-delivered them to you, as well as copies of all forms signed by myself, even if they had not yet been counter-signed by the pertinent organizational representatives.

Regarding the second complaint, I can only profess that I am often forgetful and inattentive to procedural and recordkeeping details. I honestly have no better excuse than that, other than to earnestly underscore my statement above that at no time was my lack of filing willful or intentional, and I have never deliberately sought to withhold information from the Public Disclosure Commission or the public.

Upon filing my L-2 forms on April 5th, in response to the March 8th warning letter, I believe that I also paid a \$100 fine for late filing of my January L-2, as was ordered by the PDC. I feel that this was a fair penalty for that transgression.

Recently, filing my L-2 forms has been complicated by the fact that, since around the time of our meeting in late September, I have been unable to access the electronic records of my filings via the Public Disclosure Commission's website, probably due to the ongoing inquiry regarding my registration. This has exacerbated the difficulty of filing my reports consistently, correctly, and in a timely fashion. Because I do not always request a photocopy of my filings, and am generally a poor business recordkeeper, sometimes from one month to the next I am uncertain about what I have filed for the previous month and must rely on the information filed the previous month to gain my bearings. By indicating this, I am not seeking to shift or avoid the blame, but merely to explain the circumstances.

Thank you for this opportunity to respond to the complaint. Please let me know if there is additional information or clarification that I can provide.

Nick Federici

(380) 753-1111

TOLL FREE 1-877-601-2828

POC OFFICE USE

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Lobbylst Mon	thly Expens	e Report	<u> </u>		ZEIVED
	Septer 397, 1995 Session	n Lawe)		_ APR :	5 20 05
1. Lobbyts Name NICK FEDERICI				Public Disclo	sure Commission
Aging Address CLOVERFIELD D	RIVE SE				-
ÖLYMPIA	Siate	Zip+4 98501		New Address?	Yes & No
2. This report is for the period / 05	This report corrects	• •		Business Telapho	
(Month) (Year)	amends the report	(Month)	(Year)	1300 481.	1936
ALL COMPLETE TH include all reportable expenditures by lobbyist and lobby			COMPLETE IF YO	U HAVE MORE THAN	ONE EMPLOYER
incurred during the rep	behed gailed		Amount	attributed to each er	nployer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense {Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Emplayer No/ Column B	Employer No. Z- Column C	Employer No. 3 Column D
3. COMPENSATION earned from employer for lobbying this	Pages)	Column A			Coldinio
period (salary, wages, retainer)	\$ 18,300		\$ 4000	\$ 1000	\$ 1000
PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)		Φ			
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	7 31	\$ 31			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ 2500	\$ 2500			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 20,83\$	\$ 2531	\$ 4000	\$ 1000	\$ 1000
11. EMPLOYERS' NO [(B) AMERICA NO Z (C) MIDWIVE NO Z (D) HOME (AN LUNG S ASSOC OF ARE COALLY	ASSOC OF W. WA STATE	ge(s) if you lobby for mo yA	ere than three employer	s.)
Subject matter of proposed legislation or other legislative ac Subject Matter, issue or Bill No. Legi	tivity or rulemaking the ic	obbyist was supporting or opp ate Agency Considering Ma	oosing. ` itter	Employer Repre	aentad
SEE ATTACHES					
Continued on atlactied pages		e ·	-		
13. Of the time spent lobbying, what percentage was devoted to	o lobbying: the Le	gislature <u>50</u> %	State Agencies Zo	_,%.	
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE	YOUR REGISTRATION)			
	loyer's name:	, /			
I understand that an L-2 report is required for any month or file a new registration prior to lobbying for that employer in t	ne toldre. All registration	s terminate a nomalically on	so understand that once the second Monday in J	s I have terminated my anuary of each odd nur	registration, i must nbered year
I cartify that this report is true and complete to the best of my kn	CER owledge.	TIFIE ET IONE	·/		
	//		/	4	DATE
		EVUIDITE!		//	

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA \$8504-0908 (360) 753-1111

POC OFFICE USE

YOLL FREE 1-677-601-2828	hly Evnance	Dancet	L	REC	EIVED
Lobbyist Mont	Filly Experision plan 397, 1995 Session	rame)		APR 5	2005
1. Lobbyist Name NICH FEDERICI				Public Disclos	sure Commission
Z9Z7 CLOVERRIELD DR.	IVE SE				
	State	Zip+4 9850	/	New Address?	Yes & No
2. This report is	This report corrects amends the report			Business Telephone (360) 481 -/	
for the period (Month) (Year)		(Month)	(Yepr)		
ALL COMPLETE THI Include all reportable expenditures by lobbylist and lebby		behalf of the labbyfet		OU HAVE MORE THAN	
insurred during the repo	rting period	Amounts paid from	Amee	K attributed to secu on	tho has
Expense Category	THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>V</u>	Employer No Calumn C	Employer No. <u>&</u> Column D
 COMPENSATION serned from employer for lobbying this period (salary, wages, retainer) 	s /8,300	Column	\$ 3000	\$ 220	s JVO
PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
 CONTRIBUTIONS to alected officials, candidates and political committees (See #16) 	731	\$31			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See \$18)	05121	\$5500			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 20,871		s Izoo	\$ 250	\$ 500
11. EMPLOYERS' NO. \(\frac{1}{5} \) (B) WA UW NO. \(\frac{5}{5} \) (C) RESPIRA	THEME I	HOUSING ALLIA	-NC E -	more than three employe	ra.)
No. 4 (D) CITOICE	ALCONTE HE	ACIA NEWOKA			
Subject matter of proposed legislation or other legislative a Subject Matter, issue or Bill No. Leg		iopoyist was supporting or o State Agency Considering		Employer Repr	esented
SEE ATTACHED					
Continued on ellactied pages		Q.A.	-	24	
13. Of the time spent lobbying, what percentage was devoted		egislature 80%	State Agencies	// // //	
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YO	U WISH TO TERMINATE	E YOUR REGISTRATION)			
	ployer's name:	. ,	06		
t understand that an t-2 report is required for any month of file a new registration prior to lobbying for that employer in	the future. All registration	ons terminate sinometically	I also enderstand that on the second Wonday	once I have terminated my in January of each odd no	y registration, i must umbered year.
I cartify that this report is true and complete to the best of my l		COBRIGTED ALTURE		Y	DATE ///05
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	2	of 57			



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APR 5 2005

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)					Public Disclosure Commissio	
NICH FEDERICI						
Malling Address CUVERFIELD DRI	IVE SE					
COLYMPIA	State	20985V/	,	New Address?	□ Yes ₽ No	
2. This report is	This report corrects	_		Business Telephor	•	
for the period (Month) (Year)	amends the report	(Month)	(Year)	13601481-	1936	
ALL COMPLETE TH			COMPLETE IF YO	U HAVE MORE THAN	ONE EMPLOYER	
Include all reportable expenditures by lobbylst and lebby insurred during the repo	let's employer for or o	n behalf of the lobbylet	Amoun	attributed to each or	nplayer	
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No7 Column B	Employer No. <u>2</u> Column C	Employer No9 Calumn D	
 COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 	\$ 18,700	Column	\$ 1250	\$ 2500	\$ 1100	
4. PERSONAL EXPENSES for travel, food and retrectments		\$				
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their lemilies (See #15)						
6. CONTRIBUTIONS to elected officials, candidates and political committees (See \$16)	731	\$31				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See \$17)						
9. OTHER EXPENSES AND SERVICES (See \$18)	\$5200	\$2500				
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 20,831	1525 2	\$ 1520	\$ 2500	\$ 1100	
11. EMPLOYERS' No. $\frac{7}{8}$ (B) WA TOXI No. $\frac{7}{8}$ (C) ARN'S U No. $\frac{9}{9}$ (D) NATIONAL 12. Subject matter of proposed legislation or other legislative a	CASSOC OF SO nettylty or rulemaking the	CIAL WORKER	pposing.	nore than three employs		
SEE ATTA CITES	Brand Committee of 2	new Agenty Considering (Employer Hope		
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13. Of the time spent lobbying, what percentage was devoted	10.020,2.9.	egislature 0 %	State Agencies	<u></u>		
14. TERMINATION; (COMPLETE THIS ITEM ONLY IF YOU	J WISH TO TERMINATI	E YOUR REGISTRATION)				
Date registration ends: Em	płoyer's name:	/	//			
t understand that an L-2 report is required for any month of file a new registration prior to lobbying for that employer in	or partion thereof in which the future. All registration	n I am a registered loobylst. ons terminate automatically	Asso understand that or by the second Monday is	nce i have terminated m n January of each odd n	ny registration, i must numbered year.	
i certify that this report is true and complete to the best of my i		LOBBY# COMPANY		4/	DATE // OU	
	3 ^{EX}	HIBIT #5 of 57				

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40008 OLYMPIA WA 98504-0908 (350) 783-1111 YOLL FREE 1-877-801-2828

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APR 5 2005

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)					Public Disclosure Commission	
1. Lobbysel Name NICL FEDERICI						
Mailing Address 2927 CLOVERFIELD DRIVE S	٤					
CILY OLYMPIA	State	98501		New Address?	☐ Yes 40 No	
2. This report is for the period	This report corrects			Business Telephor		
for the period (Month) (Year)	amends the report	[Month]	(Year)	(360)481 -		
ALL COMPLETE TH			COMPLETE IF Y	OU HAVE MORE THAN	ONE EMPLOYER	
Include all reportable expenditures by lobbylet and lebby incurred during the repo	rting period	behalf of the lobbylst	Amou	nt attributed to each er	mployer	
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Calumns 4 + 5 + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. / F	Employer No Column C	Employer No Column D	
COMPENSATION samed from employer for lobbying this period (satary, wages, retainer)	s 18, 300	Chiemira	s rovo	5	s	
PERSONAL EXPENSES for travel, food and refreshments		\$				
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)						
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$31	\$31				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)						
9. OTHER EXPENSES AND SERVICES (See \$18)	\$2500	0015 \$				
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 20,831	\$ 2531	s coop	\$	\$	
11. EMPLOYERS' No (C) No (C) No (D) 12. Subject matter of proposed legislation or other legislative a Subject Matter, issue or Bill No. Legi	ctivity or rulemaking the k		posing.	more than three employs		
SEE ATTACHED						
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13. Of the time spent lobbying, what percentage was devoted 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU		egislature _0 %	State Agencies			
•	ployer's name:	/				
I understand that an 1-2 report is required for any month of file a new registration prior to lobbying for that employer in	r portion thereof in which the future. All registration	I am a registered lobbyist na terminal fauld matter	also understand that of the second Monday	once I have terminated m in January of each odd n	y registration, i must umbered year.	
I cartify that this report is true and complete to the best of my k		RTIPICATON / / / / / / / / / / / / / / / / / / /		V	DATE	
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APR 5 2005

(Use this page if you need additional space for items 12, 15 or 16)
Lobbyst Name
NICH FEDERICI

Reporting Period (Month)

O J (Year) Public Disclosure Commission

12. Subject Matter, Issue or Bill No.

Legislative Committee or State Agency Considering Matter

Employer Represented

15. Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
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16. Dale	Name of Individual or Committee Receiving Contribution	Source of Con	KUDUROU	Amount
1/1/05	WA STATE DEMOCRATIC PARTY	NICK PEDER 101		\$ 3/
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	MATION CONTINUED page if you need additional space for Items 17 or 18)			PIVED
Lobbyiet Name	· · · · · · · · · · · · · · · · · · ·	Reporting / Period (Month	(Year) Public Blacks	2005 uro Commission —
17. Oate	Names of Vendor or Person Receiving Payment	Description, Place, etc.	Sponsoring Employer	Amount \$
18. Date	Recipient's Name and Address AUA GRIFFING 6240 NE LARIAT LOOP BAINBRIDGE ISLAND, WA 98110	Employer for Whom Exp	benuoni saw eans	Amount \$ 2500

EXHIBIT#5

APR 5 2005

Nick Federici

Subject matter of proposed legislation supporting or opposing Sorted by client organization

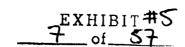
Public Disclosure Commission

American Lung Association of Washington

Senate Bill 5841 / House Bill 1904	Asthma
Senate Bill 5592 / House Bill 1714	Secondhand smoke
House Bill 2038	Secondhand smoke
Senate Bill 5909 / House Bill 1670	Secondhand smoke
House Bills 1109, 1253, 1559	Secondhand smoke
Senate Bill 5114	Secondhand smoke
Senate Bill 5794 / House Bill 1916	Puyallup tribal cigarette tax compact
Senate Bill 5814 / House Bill 1915	Tribal cigarette tax compacts
Senate Bill 5829	Cigarette tax
House Bill 2075	Cigarette tax
Senate Bill 5048	-
Senate Bill 6097 / House Bill 2303	Tobacco samples
	Taxation and regulation of other tobacco products
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 6096 / House Bill 2302 House Bill 1441	Cigarette tax Children's health insurance
Senate Bill 5397 / House Bill 1397	
Senate Bill 5509 / House Bill 1272	Clean cars
House Bill 1302	Green buildings Clean air standards
House Bill 1388	Pesticides in schools
Senate Bill 5558 / House Bill 1677	
Senate Bill 5703 / House Bill 1705	Prescription drug assistance
	Medicaid coverage and assistance
Senate Bill 5637 / House Bill 1702	Health Care Responsibility Act
Senate Bill 5452	Genetic testing prohibited in life insurance
House Bill 2060	State-purchased health care
Senate Bill 6018 / House Bill 2069	Small business health care purchasing
Senate Bill 5495 / House Bill 1536	DOH authority to administer grants
Senate Bill 5715 / House Bill 1737	Public health financing committee
House Bill 2308	Health care for children
Senate Bill 5188	Children's environmental health and protection advisory
C D'II 5526	council
Senate Bill 5536	JLARC study of BHP
Senate Bill 5722	Small employers in BHP
Senate Bill 5186	Physical activity
Senate Bill 5473 / House Bill 1507	Liability of Washington state health insurance pool

ARNPs United

House Bill 1479 / Senate Bill 5516 ARNP prescriptive authority



Midwives Association of Washington State

APR 5 2005

Public Disclosure Commission

DOH licensing fees House Bill 2112 DOH discipline House Bill 1071

Senate Bill 6087 / House Bill 2292 DOH discipline and medical malpractice

2005-07 operating budget Senate Bill 6090 / House Bill 2297

Senate Bill 5515 / House Bill 1488 **PBDEs**

Small business health care purchasing House Bill 2069 House Bill 1685 Health insurance policy mandates

Insurance overpayment recovery practices Senate Bill 5579 / House Bill 1418

Washington Home Care Coalition

Senate Bill 6090 / House Bill 2297 2005-07 operating budget Home care L&I coverage Senate Bill 6054 Senate Bill 5799 / House Bill 1786 Home care payment Senate Bill 5801 / House Bill 1787 Home care agency vendor rate study

House Bill 1728 Long-term care capacity study

CHOICE Regional Health Network

Senate Bill 6090 / House Bill 2297 2005-07 operating budget Senate Bill 5558 / House Bill 1677 Prescription drug assistance Medicaid coverage and assistance Senate Bill 5703 / House Bill 1705 DOH discipline and medical malpractice Senate Bill 6087 / House Bill 2292

Fairfax Hospital

Senate Bill 6090 / House Bill 2297 2005-07 operating budget

House Bill 1290 Mental health services and funding

Senate Bill 5763 Omnibus mental health and chemical dependency

treatment

Senate Bill 5257 / House Bill 1058 Mental health treatment for minors

Washington Toxics Coalition

2005-07 operating budget Senate Bill 6090 / House Bill 2297

Green buildings Senate Bill 5509 / House Bill 1272

Senate Bill 5515 / House Bill 1488 **PBDEs**

House Bill 1388 Pesticides in schools Senate Bill 5710 / House Bill 1731 Mercury switches in cars Senate Bill 5305 / House Bill 2201 Mercury in vaccines

Senate Bill 5188 Children's environmental health and protection advisory

council

Washington Low-Income Housing Alliance

APR 5 2005

Senate Bill 6090 / House Bill 2297	2005-07 operating budget Public Disclosure Complete
Senate Bill 5660 / House Bill 1640	Mobile / manufactured home landlord-tenant act Public Disclosure Commission Commission Public Disclosure Commission Commis
Senate Bill 5509 / House Bill 1272	Green buildings
Senate Bill 5577 / House Bill 1583	Tenant relocation assistance
House Bill 2163	Homelessness assistance
Senate Bill 5767	Homelessness planning
Senate Bill 5108 / House Bill 1074	CTED housing administrative cap
Senate Bill 5469 / House Bill 1408	
House Bill 1141	Real estate research account
Senate Bill 5183	Tax relief for affordable housing
House Bill 2196	Impact fees and real estate excise tax
Senate Bill 5051 / House Bill 1057	2005-07 capital budget
Senate Bill 6094 / House Bill 2298	2005-07 capital budget
Senate Bill 5907 / House Bill 1967	Growth management act minimum densities
Senate Bill 5917 / House Bill 2013	Non-discrimination in housing
Senate Bill 5107 / House Bill 1061	Mobile home relocation assistance reimbursement
Senate Bill 5366 / House Bill 1393	Movement of older mobile homes
House Bill 1373	Impact fees on mobile home communities
House Bill 1374	Prohibiting restrictions on mobile home location
Senate Bill 5479	Landlord-tenant act timelines
Senate Bill 5713	Multiple unit housing rehab assistance
Senate Bill 5905	Tenant eviction
House Bill 2026	Establishing the Washington rental assistance program
House Bill 1629	Revising funding of low-income housing operations and
	maintenance
Senate Bill 5590 / House Bill 1601	Dissolving joint housing authorities
Senate Bill 5835 / House Bill 1914	Dissolving or deactivating joint housing authorities
House Bill 2140	Short-term loans for low-income housing
Senate Bill 5612 / House Bill 1547	Expanding programs eligible for housing assistance
Senate Bill 6044	Housing assistance vouchers for low-income persons
House Joint Memorial 4009	Requesting that Section 8 housing assistance be maintained
House Joint Memorial 4019	Petitioning HUD to support affordable housing programs
House Bill 1585	Standards for housing temporarily-homeless persons
House Bill 1810	Ending homelessness in Washington
House Joint Memorial 4013	Petitioning for efforts to assist the state's homeless
House Bill 1848	Construction defect disputes
Senate Bill 5495 / House Bill 1536	Allowing DOH to receive and administer grants

Respiratory Care Society of Washington

APR 5 2005

Senate Bill 6090 / House Bill 2297	2005-07 operating budget	Public Disclosure Commission
Senate Bill 5509 / House Bill 1272	Green buildings	
Senate Bill 5841 / House Bill 1904	Asthma	
Senate Bill 5592 / House Bill 1714	Secondhand smoke	
House Bill 2038	Secondhand smoke	
Senate Bill 5909 / House Bill 1670	Secondhand smoke	•
House Bills 1109, 1253, 1559	Secondhand smoke	
Senate Bill 5114	Secondhand smoke	
Senate Bill 5794 / House Bill 1916	Puyallup tribal cigarette tax compact	
Senate Bill 5814 / House Bill 1915	Tribal cigarette tax compacts	
Senate Bill 5829	Cigarette tax	
House Bill 2075	Cigarette tax	
Senate Bill 5048	Tobacco samples	
Senate Bill 6097 / House Bill 2303	Taxation and regulation of other tobacco	products
Senate Bill 6090 / House Bill 2297	2005-07 operating budget	
Senate Bill 6096 / House Bill 2302	Cigarette tax	
House Bill 2112	DOH licensing fees	•
House Bill 1071	DOH discipline	
Senate Bill 6087 / House Bill 2292	DOH discipline and medical malpractice	;

National Association of Social Workers - Washington Chapter

Senate Bill 5450 / House Bill 1154	Mental health parity
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5703 / House Bill 1705	Medicaid coverage and assistance
House Bill 1441	Children's health insurance
Senate Bill 5919 / House Bill 2113	Mental health providers' coverage
Senate Bill 5637 / House Bill 1702	Health Care Responsibility Act
Senate Bill 5451	Cosmetic surgery tax
House Bill 1290	Mental health services and funding
Senate Bill 5763	Omnibus mental health and drug treatment
Senate Bill 5257 / House Bill 1058	Mental health treatment for minors
House Bill 1515	Human rights commission jurisdiction
Senate Bill 5471 / House Bill 1219	Prescription drug purchasing consortium
Senate Bill 5666	Information sharing in child dependency cases
House Bill 1663	Prevention and intervention investment council
House Bill 1366	Video game rating disclosure
House Bill 2178	Violent video and computer games
House Bill 2112	DOH licensing fees
House Bill 1071	DOH discipline

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40608 OLYMPIA WA 98504-0908 (380) 753-1111 TOLL FREE 1-877-801-2828

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APR 5 2005

Lobbyist Monthly Expense Report

(as required by Ch	apter 397, 1995 Session	Laws)			
1. Lobbyisi Name				Public Disch	osure Commi ssion
MICH FED ERICI Malling Address				-{	
2927 CLOVERFIELD DRIVE					
OLYMPIA	State	zip • 4 98501		New Address?	O Yes A No
2. This report is 07 03	This report corrects			Business Telepho	
for the period (Month) (Year)	amends the report	for (Month)	(Year)	(360)491.	1936
ALL COMPLETE TH			COMPLETE IF Y	OU HAVE MORE THA	N ONE EMPLOYER
include all reportable expenditures by lobbylet and lebby incurred during the reportable and lebbylet.		behalf of the labbyist	Amou	nt attributed to each (Imploye r
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and stached	Amounts paid from lobbylst's own funds, not reimbursed or attributed to an employer. Column A	Employer No. /	Employer No. 2	Employer No. 3
COMPENSATION earned from employer for lobbying this period (salary, wagas, retainer)	\$ 18,300	Column	\$ 4000	1000	\$ 1000
4. PERSONAL EXPENSES for travel, food and refreshments	10/30	\$			
5. ENTERTAINMENT, GRATUTTIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$ 68	168			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)		(
9. OTHER EXPENSES AND SERVICES (See #18)	\$ 2500	72500			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 20,868	\$2568	\$ 4000	\$ 1000	\$ 1000
<u> </u>			page(s) if you lobby for	more than three employ	rors.)
11. EMPLOYERS' No. 1 (B) AMERICA	th lung Ass	roc ox wit		•	
No. 2 (C) MIDWIV	ies assoc of	WA STATE			
No. 3 (D) Itame G	ARE GRALITION	V			
12. Subject matter of proposed legislation or other legislative a Subject Matter, issue or Bill No. Legi		obbyist was supporting or or tate Agency Considering N		Employer Rep	presented
SEE ATTACHED					
Continued on atlactied pages		80	State Assessed	Zo ,	
13. Of the time spent lobbying, what percentage was devoted to 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU		ogislature%	State Agencies	70.	
•					
· · · •	ployer's name:	//			
I understand that an L-2 report is required for any month of file a new registration prior to lobbying for that employer in	r portion thereof in which the future. All registration	I am a registared-loadyist f ns terminale/autopratically o	also understand that on the second Monday	once I have terminated n in January of each odd i	ny registration, i must numbered year.
I certify that this report is true and complete to the best of my ki		RTIFICATION / /////			DATE
			W	4,	11/05
			5	CONTINUE	ON REVERSE
		of_S7			

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 P0 B0X 40906 0LYMPIA WA 98504-0906 (380) 753-1111 TOLL FREE 1-877-801-2828

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APR 5 2005

Lobbyist Mont (as required by Ch	hly Expense apter 397, 1995 Session			Public Disc	iosure Commission
1. Lobbytsi Name NICH FED ERICI					
Making Address Z9Z7 CLOVERFIELP DRIVE	JE				
CYMPIA	State	2ip+4 9850/		New Address?	Yes & No
2. This report is 02 05	This report corrects			Business Telephon	
for the period (Month) (Year)	amends the report	for (Month)	(Year)	1360)481 -	1936
ALL COMPLETE TH			COMPLETE IF Y	OU HAVE MORE THAN	ONE EMPLOYER
Include all reportable expenditures by lobbyist and lebby incurred during the repo		behalf of the labbyist	Amou	nt attributed to each en	nplayer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense {Columns 8 + b + c + d and stached pages}	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>4</u> Calumn B	Employer No Column C	Employer No. <u>6</u> Column D
 COMPENSATION earned from employer for lobbying this period (salary, wagas, retainer) 	\$ 18,300		3200	\$ 750	\$ 100
4. PERSONAL EXPENSES for travel, food and refreshments	V 15)2*	\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
CONTRIBUTIONS to elected officials, candidates and political committees (See #18)	\$ 68	\$68			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See \$17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ 2500	\$ 5240			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 70,868	\$ 2258	\$ 3200	\$ 250	\$ 500
11. EMPLOYERS' NO. Y (B) WA WW NO. S (C) A S PINATION NO. G (D) C HOICE IT 12. Subject matter of proposed legislation or other legislative a Subject Matter, issue or Bill No.	TMY CAME SO RECHANAL ITEM ctivity or rulemaking the s	USING ACUAN CIETY OF WA HLTH NETWARK	VCE.	more than three employer	
SEE ATTACHED					
Continued on ellactied pages	na lakih dana	egislature 80 %	State Agencies	(D	
13. Of the time spent lobbying, what percentage was devoted to termination; (COMPLETE THIS ITEM ONLY IF YOU			GINE AGENCIES		
_	ployer's name:	·······································	//		
Date registration ends: I understand that an t-2 report is required for any month of file a new registration prior to lobbying for that employer in	r cortion thereof in which	I am a registered tobbylst. It ns terminals automáticalle a	also understand that the	once i have terminated my in January of each odd ni	y registration, i must imbered year.
the a new registration blink in receiving for a ranking at its		ATIPICATION /		, , , , , , , , , , , , , , , , , , , ,	
I certify that this report is true and complete to the best of my k		OBBYIST SICH PLUS		4/1	DATE
		AM MAMON		CONTINUE	N REVERSE
		' //		ASULIUSE C	

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Lobbyist Mont	thly Expense spenses that 397, 1995 Session			APF	2005
1. Lobbyisi Name NICH FEDERICI				Public Dis	ciosure Comm ission
Malling Address	: (6				
CHAPIA	Slate WA	Zip + 4		New Address?	☐ Yes 🗗 No
		98501		Business Telepho	
2. This report is 02 05 for the period	This report corrects amends the report			(360) 481-	
(Month) (Year) ALL COMPLETE TH	IR DADT	(Month)	(Year)	U HAVE MORE THA	
Include all reportable expenditures by lobbylst and lobby		behalf of the tobbyist		l attributed to each e	
Incurred during the repo	rting period TOTAL AMOUNT	Amounts paid from		1	
Expense Category	THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	lobbylst's own funds, not reimbursed or attributed to an employer.	Employer No7	Employer No. &	Employer No. 9
3. COMPENSATION earned from employer for lobbying this	pages)	Column A	Column B	Column C	Column D
period (salary, wages, relainer)	\$ 18,300		\$ 1250	\$ 5,500	\$ 1100
PERSONAL EXPENSES for travel, food and refreshments		\$			
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 				·	
CONTRIBUTIONS to elected officials, candidates and political committees (See #15)	7 68	\$ 68			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	32200	\$ 2500			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 20,888	\$ 2568	\$ 1250	\$ 2500	\$ 1100
•	TC ASJOC OF J ctivity or rulemaking the k	WOOLAL WARKER	posing.	nore than three employ	
SEE ATTACITED Gontinued on ellactied pages 13. Of the time spent lobbying, what percentage was devoted to		ogislature <u>F</u>	S(ate Agencias	<u> </u>	
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE	YOUR REGISTRATION)	· —		
Date registration ends: Emp	loyer's name:	1//	1 ~		
I understand that an L-2 report is required for any month or file a new registration prior to lobbying for that employer in	portion thereof in which the future. All registration	am a registered lobbyrsy y as terminate automatically pr	iso understand that or the second Monday in	nce i have terminated π n January of each odd r	y registration, i must jumbered year.
I certify that this report is true and complete to the best of my kn		TIFICATION XVIII	4		DATE
יי	ivmouyo,		M_{\odot}	4	11/05
		10000		CONTINUE	ON REVERSE
	13	XHIBIT#S	•		

PUBLIC - DISCLOSURE COMMISSION 711 GAPITOL WAY RM 206 PO BDX 40808 OLYMPIA WA 98504-0908 (380) 753-1111

TOLL FREE 1-877-601-2828

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APR 5 2005

Lobbyist Mont (as required by Ch		APR 5 2005 Public Disclosure Commission			
1. Lobbylst Name NICK FEDERICI				Public Dis	Closure Commission
Malling Address E927 CLOVERFIELD DRIVE.	SE				
OLYMPIA	State	98501		New Address?	☐ Yes Æ No
7 This report is	This report corrects			Business Telepho	ine
for the period	amends the report	(Month)	(Year)	1360 1481-	1936
(Month) (Year) ALL COMPLETE THI	8 PART	(MONUT)		DU HAVE MORE THAI	ONE EMPLOYER
Include all reportable expenditures by lobbylist and lobby Incurred during the repo		behalf of the lobbyist	Amou	nt attributed to each o	mployer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Calumns & + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>/ 0</u> Column B	Employer No	Employer No
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 18,300	Column A	s Zovo	\$	\$
PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$ 68	\$68			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See \$17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ 2500	\$2500			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 20,868	\$ 2568	s Zooo	\$	\$
11. EMPLOYERS' No. 10 (B) FAIRFAX	HOSPITAL	(Attach additional p	age(s) if you labby for	more than three employ	ors.)
No (C)					
No (D) 12. Subject matter of proposed legislation or other legislative as Subject Matter, issue or Bill No. Legi		obbylst was supporting or op tate Agency Considering h		Employer Rep	resented
SEE ATTACHED					·
Continued on allacted pages		R'n	?	C	
13. Of the time spent lobbying, what percentage was devoted t		egislature%	State Agencies	<u>%</u> .	
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE	YOUR REGISTRATION)			
Date registration ends: Emp	oloyer's name:	1-1	11/1 -		
I understand that an I2 report is required for any month of file a new registration prior to lobbying for that employer in	portion thereof in which the future. All registration	l am a registered bobyist y	atsoranderstand that on the recond Monday i	nce i have terminated in In January of each odd i	ny registration, i must numbered year.
I certify that this report is true and complete to the best of my ki		COBSTISTISTICS		Υ,	DATE //05
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APR 5 2005

(Use this page if you need additional space for items 12, 15 or 16)

Lobbyist Name

NICH FEDERICI

Reporting Period OZ (Month) 05 (Year)

Public Disclosure Commission

12. Subject Matter, Issue or Bill No.

Legislative Committee or State Agency Considering Matter

Employer Represented

15. Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
				{
				}
				1
				}
				1
				}
				1
				-
				<u> </u>
16. Date	Name of Individual or Committee Receiving Contribution	Source of Co	ntribution	Amount
2/1/05	WAST DEMICRATIC PHATY	May reseption		\$ 28
2/21/05	WA ST DEMICRATIC PARTY WAST DUMO CAATIC PARTY	NICh FEDERU		\$ 28
• 1				
			·	
		L		

INFOR	MATION CONTINUED		12	REO	
Labbriet Name	RMATION CONTINUED Is page if you need additional space for items 17 or 18) THE HEALICI Period Paphic Disclosure Continuission Amount Sponsoring Employer Amount \$				
17. Date	Names of Vendor or Person Receiving Payment	Description, Place, etc.	Sponsoring	Employer	Amount
18. Date	Recipient's Name and Address AMA GRAMAGE (0240 NE LARIAT LOUP BAINBRIDGE IS LAND, WA 98110	Employer for NIUL FEDERIC	nse was incurred		Arnount \$ ZSD0

EXHIBIT #5

Nick Federici

Subject matter of proposed legislation supporting or opposing Sorted by client organization

APR 5 2005

Public Disclosure Commission

American Lung Association of Washington

Senate Bill 5841 / House Bill 1904	Asthma
Senate Bill 5592 / House Bill 1714	
House Bill 2038	Secondhand smoke
Senate Bill 5909 / House Bill 1670	
House Bills 1109, 1253, 1559	Secondhand smoke
Senate Bill 5114	Secondhand smoke
Senate Bill 5794 / House Bill 1916	Puyallup tribal cigarette tax compact
Senate Bill 5814 / House Bill 1915	Tribal cigarette tax compacts
Senate Bill 5829	Cigarette tax
House Bill 2075	Cigarette tax
Senate Bill 5048	Tobacco samples
Senate Bill 6097 / House Bill 2303	Taxation and regulation of other tobacco products
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 6096 / House Bill 2302	Cigarette tax
House Bill 1441	Children's health insurance
Senate Bill 5397 / House Bill 1397	Clean cars
Senate Bill 5509 / House Bill 1272	Green buildings
House Bill 1302	Clean air standards
House Bill 1388	Pesticides in schools
Senate Bill 5558 / House Bill 1677	Prescription drug assistance
Senate Bill 5703 / House Bill 1705	Medicaid coverage and assistance
Senate Bill 5637 / House Bill 1702	Health Care Responsibility Act
Senate Bill 5452	Genetic testing prohibited in life insurance
House Bill 2060	State-purchased health care
Senate Bill 6018 / House Bill 2069	Small business health care purchasing
Senate Bill 5495 / House Bill 1536	DOH authority to administer grants
Senate Bill 5715 / House Bill 1737	Public health financing committee
House Bill 2308	Health care for children
Senate Bill 5188	Children's environmental health and protection advisory
a	council
Senate Bill 5536	JLARC study of BHP
Senate Bill 5722	Small employers in BHP
Senate Bill 5186	Physical activity
Senate Bill 5473 / House Bill 1507	Liability of Washington state health insurance pool

ARNPs United

House Bill 1479 / Senate Bill 5516 ARNP prescriptive authority

APR 5 2005

Midwives Association of Washington State

Public Disclosure Commission

House Bill 2112 DOH licensing fees
House Bill 1071 DOH discipline

Senate Bill 6087 / House Bill 2292 DOH discipline and medical malpractice

Senate Bill 6090 / House Bill 2297 2005-07 operating budget

Senate Bill 5515 / House Bill 1488 PBDEs

House Bill 2069 Small business health care purchasing House Bill 1685 Health insurance policy mandates

Senate Bill 5579 / House Bill 1418 Insurance overpayment recovery practices

Washington Home Care Coalition

Senate Bill 6090 / House Bill 2297
Senate Bill 6054
Senate Bill 5799 / House Bill 1786
Home care payment
Senate Bill 5801 / House Bill 1787
House Bill 1728

2005-07 operating budget
Home care L&I coverage
Home care payment
Long-term care capacity study

CHOICE Regional Health Network

Senate Bill 6090 / House Bill 2297 2005-07 operating budget
Senate Bill 5558 / House Bill 1677 Prescription drug assistance
Senate Bill 5703 / House Bill 1705 Medicaid coverage and assistance
Senate Bill 6087 / House Bill 2292 DOH discipline and medical malpractice

Fairfax Hospital

Senate Bill 6090 / House Bill 2297 2005-07 operating budget

House Bill 1290 Mental health services and funding

Senate Bill 5763 Omnibus mental health and chemical dependency

treatment

Senate Bill 5257 / House Bill 1058 Mental health treatment for minors

Washington Toxics Coalition

Senate Bill 6090 / House Bill 2297 2005-07 operating budget

Senate Bill 5509 / House Bill 1272 Green buildings

Senate Bill 5515 / House Bill 1488 PBDEs

House Bill 1388 Pesticides in schools
Senate Bill 5710 / House Bill 1731 Mercury switches in cars
Senate Bill 5305 / House Bill 2201 Mercury in vaccines

Senate Bill 5188 Children's environmental health and protection advisory

council

APR 5 2005

Washington Low-Income Housing Alliance

	The state of the s
Senate Bill 6090 / House Bill 2297	2005-07 operating budget Public Disclosure Commission
Senate Bill 5660 / House Bill 1640	Mobile / manufactured home landlord-tenant act
Senate Bill 5509 / House Bill 1272	Green buildings
Senate Bill 5577 / House Bill 1583	Tenant relocation assistance
House Bill 2163	Homelessness assistance
Senate Bill 5767	Homelessness planning
Senate Bill 5108 / House Bill 1074	CTED housing administrative cap
Senate Bill 5469 / House Bill 1408	Individual development accounts
House Bill 1141	Real estate research account
Senate Bill 5183	Tax relief for affordable housing
House Bill 2196	Impact fees and real estate excise tax
Senate Bill 5051 / House Bill 1057	2005-07 capital budget
Senate Bill 6094 / House Bill 2298	2005-07 capital budget
Senate Bill 5907 / House Bill 1967	Growth management act minimum densities
Senate Bill 5917 / House Bill 2013	Non-discrimination in housing
Senate Bill 5107 / House Bill 1061	Mobile home relocation assistance reimbursement
Senate Bill 5366 / House Bill 1393	Movement of older mobile homes
House Bill 1373	Impact fees on mobile home communities
House Bill 1374	Prohibiting restrictions on mobile home location
Senate Bill 5479	Landlord-tenant act timelines
Senate Bill 5713	Multiple unit housing rehab assistance
Senate Bill 5905	Tenant eviction
House Bill 2026	Establishing the Washington rental assistance program
House Bill 1629	Revising funding of low-income housing operations and
	maintenance
Senate Bill 5590 / House Bill 1601	Dissolving joint housing authorities
Senate Bill 5835 / House Bill 1914	Dissolving or deactivating joint housing authorities
House Bill 2140	Short-term loans for low-income housing
Senate Bill 5612 / House Bill 1547	Expanding programs eligible for housing assistance
Senate Bill 6044	Housing assistance vouchers for low-income persons
House Joint Memorial 4009	Requesting that Section 8 housing assistance be maintained
House Joint Memorial 4019	Petitioning HUD to support affordable housing programs
House Bill 1585	Standards for housing temporarily-homeless persons
House Bill 1810	Ending homelessness in Washington
House Joint Memorial 4013	Petitioning for efforts to assist the state's homeless
House Bill 1848	Construction defect disputes
Senate Bill 5495 / House Bill 1536	Allowing DOH to receive and administer grants

Respiratory Care Society of Washington

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Senate Bill 6090 / House Bill 2297 Senate Bill 5509 / House Bill 1272	2005-07 operating budget Green buildings	APR	5	2005
Senate Bill 5841 / House Bill 1904	Asthma	Public Disci	osur	e Commission
Senate Bill 5592 / House Bill 1714	Secondhand smoke	,		
House Bill 2038	Secondhand smoke			
Senate Bill 5909 / House Bill 1670	Secondhand smoke			
House Bills 1109, 1253, 1559	Secondhand smoke			
Senate Bill 5114	Secondhand smoke			
Senate Bill 5794 / House Bill 1916	Puyallup tribal cigarette tax compact			
Senate Bill 5814 / House Bill 1915	Tribal cigarette tax compacts			
Senate Bill 5829	Cigarette tax			
House Bill 2075	Cigarette tax			
Senate Bill 5048	Tobacco samples			
Senate Bill 6097 / House Bill 2303	Taxation and regulation of other tobacco prod	ucts		
Senate Bill 6090 / House Bill 2297	2005-07 operating budget			

DOH licensing fees

DOH discipline

Senate Bill 6087 / House Bill 2292 DOH discipline and medical malpractice

National Association of Social Workers - Washington Chapter

Senate Bill 6096 / House Bill 2302 Cigarette tax

House Bill 2112

House Bill 1071

Senate Bill 5450 / House Bill 1154	Mental health parity
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5703 / House Bill 1705	Medicaid coverage and assistance
House Bill 1441	Children's health insurance
Senate Bill 5919 / House Bill 2113	Mental health providers' coverage
Senate Bill 5637 / House Bill 1702	Health Care Responsibility Act
Senate Bill 5451	Cosmetic surgery tax
House Bill 1290	Mental health services and funding
Senate Bill 5763	Omnibus mental health and drug treatment
Senate Bill 5257 / House Bill 1058	Mental health treatment for minors
House Bill 1515	Human rights commission jurisdiction
Senate Bill 5471 / House Bill 1219	Prescription drug purchasing consortium
Senate Bill 5666	Information sharing in child dependency cases
House Bill 1663	Prevention and intervention investment council
House Bill 1366	Video game rating disclosure
House Bill 2178	Violent video and computer games
House Bill 2112	DOH licensing fees
House Bill 1071	DOH discipline



CONTINUÉ ON REVERSE

	Lobbyist Moni	thly Expens	e Report		REO	EIVED
1.	NICH FEDERICI				JUN 2	0 2005
	Mailing Address 2927 CLOVERFIELD)	or se			Public Disclose	UTB Commission
	OLYMPIA	State	2ip · 4 9 P 50 /			☐ Yes Æ No
2.	This report is for the period (Month) (Year)	This report corrects amends the report		(Year)	Business Telephor	
-	ALL COMPLETE TH			COMPLETE IF YOU	HAVE MORE THAN	ONE EMPLOYER
te	nalude all reportable expenditures by lobbyist and lobby incurred during the repo		behalf of the lobbylat	Amount a	ttributed to each en	nployer
	Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>1</u>	Employer No. <u>2</u>	Employer No. 3
		pages)	Column A			0012111110
3.	COMPENSATION earned from employer for lobbying this period (satary, wages, retainer)	\$ 17,300		s 4000 s	1000	\$ 1000
4.	PERSONAL EXPENSES for travel, food and refreshments		\$			
5.	ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6.	CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	8330	£330			
7.	ADVERTISING, PRINTING, INFORMATIONAL LITERATURE		-			
8.	POLITICAL ADS. PUBLIC RELATIONS. POLLING. TELEMARKETING, ETC. (See #17)					
9.	OTHER EXPENSES AND SERVICES (See #18)	d s soo	\$ 5500			
10.	TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$20, \$30	\$2830	s 4000 s	1000	\$ 1000
		CAME GAL tivity or rulemaking the lo	ASSOC OF WI OF WASTA ITION	posing.	e than three employer	
	SEE ATTACHED				•	:
	Continued on attached pages Of the time spent lobbying, what percentage was devoted to		gislature <u>60</u> %	State Agencies	%	
14.	TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE	OUR REGISTRATION)	4		
		oyer's name:				
	I understand that an £-2 report is required for any month or file a new registration prior to lobbying for that employer in the state of the state o	portion thereof in which I ne future. All registrations	am a regist#fee kybbyist./ a s terminate/automatical/cor	iso understand that once the second Monday in Jar	have terminated my huary of each odd nur	registration, I must mbered year.
_		CER	TIFICATION /			
ce	rtify that this report is true and complete to the best of my kno	pwledge. LC	DBBY## PAGAGE		5/1	DATE S

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Total contributions itemized on attached Memo Reports contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by CC-4 report need not be again included in this L-2 report.) PAC Name:	2/05	WASTATE DEMOC KALEN VALENZU VANCON MESS MER	pats Ela	NICH FE NICH FE	EDERICI DERICI DERICI	I.			\$ 70
Total contributions itemized on attached Memo Reports contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (information reported by C-4 report need not be again included in this L-2 report.) PAC Name:	105	CHAIS GREGOIRE L	GAL FUND	NICH FE	PERICI	, L			\$150
preditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or, b) public relations, telemarketing, polling or similar activities that rectly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and albrief description of the activity. Itemize each expenditure on a tached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8. syments by the lobbyist for other lobbying expenses and services; including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying service in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in item 7). ate Recipient's Name and Address Amount ACLIA GRIFFING AMOUNT S 2 5000	· .	Total contributions itemized on attach	ed Memo Reports	2000	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	17.		-	
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seistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in item 7). Recipient's Name and Address Employer for Whom Expense was Incurred ACLIA GRIFFING NICK FEDERICI \$ 2500	penditurectly or	ures for: a) political advertising supporting indirectly are lobbying-related must be page that also shows lobbyist name and	g or opposing a state or it temized by amount, vend report date. Put the aggi	ocal candidate or or or person rece regate total of the	batiot measure; iving payment, ar se expenditures o	or b) public re nd a¹brief desc on line 8.	lations, telemarketing, cription of the activity.	Remize each	experiolitate on an
	ssistanci ate	e in lobbying and payments for grass root Recipient's Name and	ots lobbying campaigns (e Address	except advertising	/printing costs list Employer for	ted in Item 7). Whom Expen		コナスで	Amount
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PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
014MPIA WA 98504-0908

(360) 753-1111 TOLL FREE 1-877-601-2628 L2

RECEIVED

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)				JUN	2 0 2005	
1. Lobbyist Name NICK FEDERICI				Public Disclosure Commission		
Mailing Address	12 15					
2927 CLOVERFIELD DR JE City MPIA WA 98571				New Address?	☐ Yes 🛣 No	
2. This report is Day / Discreport corrects or			Business Telepho	one		
for the period <u>09</u>	amends the report	for (Month)	(Year)	(360) 481- 1936		
(Month) (Year) ALL COMPLETE TH	IS PART	(Monthly	,	HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer			
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>Y</u>	Employer No.	Employer No. <u></u>	
expense category	+ d and attached pages)	Column A	Column B	Column C	Column D	
 COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 	\$ 17,300		s 32vo	\$ 250	\$ 500	
PERSONAL EXPENSES for travel, food and refreshments		\$				
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 				L		
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ 730	\$ 330				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)	. ,					
9. OTHER EXPENSES AND SERVICES (See #18)		45200			:	
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	s W, 130	\$2830	\$ 3200	\$ 750	\$ 200	
(Attach additional page(s) if you lobby for more than three employers.) 11. EMPLOYERS' No. \(\frac{1}{2} \) (B) WA LOW - INCOME HOUSING ALLIANCE No. \(\frac{1}{2} \) (C) RESPINATION! CAME SICIETY OF WA No. \(\frac{1}{2} \) (D) CHOICE REGIONAL HEALTH NETWOON K 12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing. Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented SEE ATTACHED						
Continued on attached pages		80.	State Agencies) ,		
13. Of the time spent lobbying, what percentage was devoted to	,	gislature% YOUR REGISTRATION)	atale Agencies			
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)						
Date registration ends: Employer's name:						
I understand that an L-2 report is required for any month or file a new registration prior to lobbying for that employer in t	portion thereof in which I the future. All registration	am a registered tobbyist. I a sterminate automatically or	also understand that one the second Monday in	e I have terminated m January of each odd n	y registration, I must umbered year:	
I certify that this report is true and complete to the best of my kn		TIFICATION OBBYIEN SIGNATURE			DATE	

23 of 57

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Łobi	byist Nam	6		Reporting Period (Month	1) (Year)				
йű	Show the Enterta Travel Enrolim	If the following expenditures that were incurred by lobbyist or lot a actual amount Incurred for each Individual or the amount faitiment expenditures exceeding \$25 per occasion (including lobby Individual or the second subsistence expenses in connection with a speech pent and course fees in connection with a seminar or educational instruction of the L-2 or Memo R or her family member(s): or 2) providing travel, lodging, subsister	Irry attributed to rist's expense) for presentation, app program. Report if the lobby	p each. or meals, beverages, tickets, pearance, trade mission, sem yist reports: 1) spending on c	passes, or for other linar or educational p one occasion over \$5	forms of entertainn program. 50 for food or beve	nent.		
	Date	Names of all Persons Entertained or Provided Travel, etc.	Desc	cription, Place, etc. 121	··· Sponsoring	Employer	Amount		
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ı	N/A	Total expenses itemized on attached Memo Reports		<u> </u>	! 				
	Continued o	on attached pages.	-						
:	state cand	ary or in-kind contribution exceeding \$25,was given or transmitted lidates or elected officials; local and state officers or employees; p allot proposition. If a contribution exceeding \$25 was given to the ampaign.	political committe	es supporting or opposing a	ny candidate, electer	d official, officer or	employee or any local		
(Date	Name of Individual or Committee Receiving Contribution	· 	Source of Con	tribution		Amount		
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,	WA'	Total contributions itemized on attached Memo Reports		24 25					
ŀ	f contribut	ions were made directly by a political action committee associate out need not be again included in this L-2 report.)	d, affiliated or sp	consored by your employer, s	how name of the PA	C below. (Informa	tion reported by PAC		
_				in the state of th					
17. E	Expenditur	res for: a) political advertising supporting or opposing a state or lo indirectly are lobbying related must be itemized by amount, vendo	ocal candidate or	r bállot measure; or b) public	relations, telemarke				
	attached p	age that also shows lobbyist name and report date. Put the aggn by the lobbyist for other lobbying expenses and services, includin	egate total of the	se expenditures on line 8.	· ·	· .			
8	ssistance	in lobbying and payments for grass roots lobbying campaigns (e)		g/printing costs listed in Item	7). (15) 1	N. 15. 1. 1. 2.			
C	Date	Recipient's Name and Address		Employer for Whom Exp	ense was Incurred	1. 4 x y y 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount		
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EXHIBIT#5



Lobbyist Monthly Expense Report

(as required by C	JUN 2 0 2005						
1. Lobbyist Name FEDERILI	NICH PEDERICI						
TG 27 CLOVER FLEW	DR JE	·		V.00	sure Commission		
CITYMPIA	State	2ip: 4 9P50	1 (☐ Yes ♣ No		
2. This report is for the period OY	This report corrects amends the report			Business Telepho			
(Month) (Year)		(Month)	(Year)	(360) 487			
ALL COMPLETE TH		- bbMdat 1bdt	COMPLETE IF YO	U HAVE MORE THAN	ONE EMPLOYER		
include all reportable expenditures by lobbyist and lobby incurred during the rep	orting period	n benan of the loopyiet	Amount	stiributed to each e	mployer-		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. 2	Employer No.	Employer No. 2		
3. COMPENSATION earned from employer for lobbying this	pages)	Column A	Column B	Column C	Column D		
period (salary, wages, retainer)	\$ 17,300		s /250	\$ 2000	\$ 1100		
PERSONAL EXPENSES for travel, food and refreshments		\$					
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 							
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$ 330	\$ 330					
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE							
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING. TELEMARKETING, ETC. (See #17)							
9. OTHER EXPENSES AND SERVICES (See #18)	६८२७	00154					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 70,130	\$ 2530	\$ 1250	\$ 2500	\$ 1100		
11. EMPLOYERS' No. $\frac{2}{8}$ (B) WA TO No. $\frac{2}{9}$ (C) TRNPS (No. $\frac{2}{9}$ (D) NATIMA	T 431~ 00	- JULIA WI	ige(s) if you lobby for me	, ,			
12. Subject matter of proposed legislation or other legislative ac Subject Matter, Issue or Bill No. Legis	•	bbyist was supporting or opp ite Agency Considering Ma		Employer Repre	hatnase		
SEE ATTACHED		•					
Continued on attached pages		A)	70) 			
13. Of the time spent lobbying, what percentage was devoted to			State Agencies	_%.			
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU'	WISH IU TERMINATE Y	OUR REGISTRATION)					
Date registration ends: Empl	oyer's name:	. /	/i/ ~				
I understand that an L-2 report is required for any month or a file a new registration prior to lobbying for that employer in the		am a registered lobbyist. I also terminate automotionally on	in inderstand that once the second Monday in J	e (have terminated my anuary of each odd nu	registration, I must mbered year.		
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I certify that this report is true and complete to the best of my kno	owiedge.	DBBYIST/SIGNISTVARBIGI		r/.	15/01		
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age 2	;	<i>;</i>	•			L2		
obyist Name				Reporting Period	(Month)	(Year)		
Itemize all of the follow	ing expenditures that were incu	arred by lobbyist or tobi	bvist employen	s) for legislators, st	ate officials, s	tate employees a	nd members of th	eir immediate fam
Show the actual armo • Entertainment excei • Travel lodging and • Enrollment and countlibrousts must provide	unt incurred for each individu difures exceeding \$25 per occ subsistence exceeding some selection of the selection with a selection of the	ual or the amount fair asion (including lobbyin ction with a speech, pr minar or educational p of the L-2 or Memo Re	fy attributed to st's expense) for resentation, approgram. opent if the lobby	each. primeals, beverages pearance, trade mis prist reports: 1) spec	s, tickets, pas ssion, seminal nding on one	ses, or for other for or educational p	orms of entertains rogram.	ment. rages for the officia
Date Names of	of all Persons Entertained or Pro	ovided Travel, etc.	Desc	ription, Place, etc.	C_{ij}	, > _Sponsoring	Employer	Amount
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N/A Total exps	nses itemized on attached Men	10 Reports			<u> </u>			•
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state candidates or ele or state ballot propositi lobbying campaign.	cted officials; local and state off on. If a contribution exceeding	ficers or employees; px \$25 was given to the f	olitical committe	ses supporting or o se the contribution b	pposing any opelow: a cauc	candidate, elected cus political comm	official, officer or	employee or any i
Date Name of	Individual or Committee Recei	ving Contribution		Sour	rce of Contribe	ution		Amount
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	butions itemized on attached M		,		<u> </u>			
	ade directly by a political action be again included in this L-2 re		, affiliated or sp	The Park Street	21 · ·	, + .d.;	below. (Informa	ition reported by F
Continued on attached pay		PAC Name:			May 1	<u> </u>	• [4	
directly or indirectly are attached page that also	ilitical advertising supporting or lobbying-related must be itemia shows lobbyist name and repo st for other lobbying expenses	zed by amount, vendoort date. Put the aggre	r or person rece gate total of the	siving payment, and use expenditures or	f a brief descr n line 8.	ription of the activi	ty. Itemize each	expenditure on an
assistance in lobbying	and payments for grass roots to	bbying campaigns (ex		/printing costs liste	ed in Item 7).		}	
Date	Recipient's Name and Addi	ress	:	Employer for W	/hom Expens	e was incurred	W. S.	Amount
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(360) 753-1111 TOLL FREE 1-877-501-2826 1/02

PDC OFFICE USE

Lobbyist Mol	JUN	JUN 2 0 2005				
1. Lobbyist Name FEDERICI				Public Disclosure Commission		
Malling Address 2927 CLOVENFIELD D	or se					
OCYMPIA	State	Zip : 4850	//	New Address?	☐ Yes 🔄 No	
2. This report is 04 05	This report correct	s or	-	Business Teleph		
for the period U U (Year)		(Month)	(Year)	(700) Y 87		
ALL COMPLETE 1 Include all reportable expenditures by lobbyist and lob		n behalf of the lobbylst		nt attributed to each		
Incurred during the re	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>70</u>	Employer No	Employer No.	
•	+ d and attached pages)	Column A	Column B	Column C	Column D	
 COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 	\$ 17.700		\$ 2000	\$	\$	
PERSONAL EXPENSES for travel, food and refreshments		\$				
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)						
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ 330	\$330				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
8. POLITICAL ADS, PUBLIC RELATIONS, POLILING, TELEMARKETING, ETC. (See #17)						
9. OTHER EXPENSES AND SERVICES (See #18)	\$ 2500	\$2500				
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 2500	s 2830	\$ 7000	\$	\$	
11. EMPLOYERS' No (C) No (D) 12. Subject matter of proposed legislation or other legislative Subject Matter, Issue or Bill No. Le	activity or rulemaking the k	ML	posing.	nore than three employer Employer Repi		
Continued on attached pages	da labada da	80.	State Agencies) <u>"</u>		
 Of the time spent lobbying, what percentage was devoted TERMINATION: (COMPLETE THIS ITEM ONLY IF YO 		gislature% YOUR REGISTRATION)	Citato rigoriotes			
_	nployer's name:	• /	//			
Date registration ends: En I understand that an L-2 report is required for any month file a new registration prior to lobbying for that employer in	or portion thereof in which I in the future. All registration	11/11/14/14	Isg understand that on The second Monday in	ice I have terminated m January of each odd n	y registration, I must umbered year.	
I certify that this report is true and complete to the best of my		TIFICATION OF THE		J-	OATE / 15/05	
		EXHIBIT #	5	CONTINUE	N REVERSE	

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	<u></u>	V (620) 485.		Reporting Period	(Month)	(Year)		
٠,	Show the Enteria Travel.	If of the following expenditures that were incurred by lobbyist or lobe actual amount incurred for each individual or the amount fall inment expenditures exceeding \$25 per occasion (including lobby lodging and subsistence expenses in connection with a speech, prent and course legis in connection with a seminar or educational in must provide an elected official with a copy of the L-2 or Memo R or her family member(s); or 2) providing travel, lodging, subsister	irly attributed to ist's expense) for presentation, approprism. program.	each. meals, beverages, earance, trade miss ist reports: 1) spen	, tickets, pas sion, semina	ises, or for other forms or or educational program	f entertainn I. Iod or beve	nent.
	Date	Names of all Persons Entertained or Provided Travel, etc.	Descr	iption, Place, etc.	34.9	Sponsoring Emplo	yer :	Amount
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	N/A	Total expenses itemized on attached Memo Reports			1			
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	state cand	tidates or elected officials; local and state officers or employees; is allot proposition. If a contribution exceeding \$25 was given to the	colitical committee	es supporting or op	posing any o	candidate, elected officia	i, officer or	employee or any local
	Date	Name of Individual or Committee Receiving Contribution		Source	ce of Contrib	ution	•	Amount
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	N/A	Total contributions itemized on attached Memo Reports		1 1 1 1 1				
	ff contribution C-4 rep	itions were made directly by a political action committee associate port need not be again included in this L-2 report.)	d, affiliated or sp	onsored by your en	nployer, show	w name of the PAC belo	w. (Informa	ation reported by PAC
	Continued o	on attached pages. PAC Name:			• .			•-
	directly or attached p	res for: a) political advertising supporting or opposing a state or k indirectly are lobbying-related must be itemized by amount, vend- page that also shows lobbyist name and report date. Put the aggr	or or person rece regate total of the	iving payment, and se expenditures on	l a brief desc l line 8.	cription of the activity. Ite	mize each	expenditure on an
18.	Payments assistance	by the lobbyist for other lobbying expenses and services, including in lobbying and payments for grass roots lobbying campaigns (e	ng payments to su except advertising	/printing costs liste	d in Item 7).		ad to provid	le lobbying services or
	Date	Recipient's Name and Address		Employer for W	hom Expens	se was incurred	-17	Amount
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JUN 2 0 2005

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		711 CAPITOL WAY RM 206
		PO BOX 40908
		OLYMPIA WA 98504-0908
		(360) 753-1111
		TOLL FREE 1-877-601-2828
		Lobbyist Monthly Expense Report

I certify that this report is true and complete to the best of my knowledge.

(as required by Ch	apter 397, 1995 Session	Laws)		50 5					
NICH FEDERICI	NICH FEDERICI								
Mailing Address CLONERFIELD.	DRIVE SE								
CHYDLYMPIA	State	2ip+4 9850	/		☐ Yes 💆 No				
2. This report is	This report corrects	or		Business Telephon					
for the period 05	amends the report		(Year)	(360) 481-	1936				
(Month) (Year) ALL COMPLETE TH	10 0 A O T	(Month)		U HAVE MORE THAN					
Include all reportable expenditures by lobbyist and lobby		hehalf of the lobbyist							
Incurred during the repo	orting period		Amoun	t attributed to each en	spioyer				
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No	Employer No. <u>Z</u>	Employer No. <u>3</u>				
	pages)	Column A	Column B	Column C	Column D				
 COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 	\$ 10,900		s \$ 500	\$ 250	\$ 1000				
PERSONAL EXPENSES for travel, food and refreshments		\$							
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 									
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$2571	\$571	£ 2000						
ADVERTISING, PRINTING, INFORMATIONAL LITERATURE									
POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)			1						
OTHER EXPENSES AND SERVICES (See #18)									
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ \$13,471	\$ \$571	\$ 2500	\$ 250	\$ 1000				
11. EMPLOYERS' No. 1 (B) AM EAL (No. 2 (C) MIDWIN No. 1 (D) HOME	CANE COA	Assoc of wa of wa LITTON	•	nore than three employer	5. }				
	stative Committee or Sta	ate Agency Considering M	atter	Employer Repre	sented				
SEE ATTACHED									
Continued on attached pages		50.	State Agencies)					
-			State Agencies						
13. Of the time spent lobbying, what percentage was devoted to									
13. Of the time spent lobbying, what percentage was devoted to 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU									
13. Of the time spent lobbying, what percentage was devoted to 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU									

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CONTINUE ON REVERSE

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obbylst Name				Reporting	· .	· :	
13/2/27	(S. 7-7-8-77) (A. 8-2)			Period	(Month)	(Year) .	
Show the actual a • Entertainment as • Iravel, lodging a • Enrollment and a Lobbyists must pro	mount incurred for each incorporate in conditures exceeding \$25 pe and subsistence expenses in connection with	Ilvidual or the amount fair r occasion (including lobbyls onnection with a speech, pr a seminar or educational pr copy of the L-2 or Memo Re	ly attributed to it's expense) fo esentation, app rogram. port if the lobby	each. r meals, beverages, earance, trade miss ist reports: 1) sperk	tickets, passes ion, seminar or fing on one occ	or for other forms educational progr asion over \$50 for	am. I lood on beverages for the offic
	es of all Persons Entertained o			iption, Place, etc.	٠.	Sponsoring Em	
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			4.	•		•	
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N/A Total ex	openses itemized on attached	Memo Reports		***************************************	!		
Continued on attached		- e : 10				•	or on a Memo Report: local an
or state ballot propo lobbying campaign.	e of Individual or Committee R	ding \$25 was given to the fo	dowing, itemiza	the contribution be	low: a caucus i	political committee	; a political party; or a grass re
11/05 WA	STATE DEM	COCHAIS	10.00	FEDERI FEDERI	<i>C1</i>		\$ 7/
	NOLYN EDM	i i					8/00
12.10 TTH	URSTON COUNT	DEMOCRATI	Nich	FEDERI	'C/		\$340
1 187 1 2 2	LENE MADEN		Nich	FEDER	io'.		
13/05 AUG	vere mitodi	ALATOR	,			t	\$100
105 HEAL	LTHY INDOOR WA (I-901) -	IN KIND	4MERI	CHN LUN	f 15500	c or w	4 8 2000
N/A Total ∞	ntributions itemized on attach	ed Memo Reports	(945) 	<u> </u>	<u>`</u>		
If contributions were on C-4 report need a	made directly by a political at not be again included in this L	ction committee associated,	affiliated or spo	onsored by your emp	loyer, show na	me of the PAC be	low. (Information reported by I
Continued on attached	. •	PAC Name:	tion At t	Hiller			
. Expenditures for: a)	political advertising supporting	g or opposing a state or loc	al candidate or	ballot measure; or b) public relation	s. telemarketing	polling or similar activities that
attached page that a	are lobbying-related must be i itso shows lobbylst name and	ternized by amount, vendor report date. Put the aggreg	or person receivate total of the	ving payment; and a se expenditures on I	bilef descriptions 8.	on of the activity."	ternize each expenditure on ar
	byist for other lobbying expen					es and others retai	ned to provide lobbying servic
Date	Recipient's Name and	Address		Employer for Wh	om Expense wa	as Inclumed	Amount
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L2

Lobbyist Mon (as required by C			V 300E		
1. Lobbyist Name FED EAICI				- JUN 2	0 2005
Mailing Address 2927 CLOVERFIELD D	1 SE			Patric Disclos	ure Commission
OLYMPIA	State	ر حرفی ج	/	New Address?	☐ Yes 🛣 No
2. This report is for the period 05	This report corrects	s or		Business Telephor	
(Month) (Year) ALL COMPLETE TH		(Month)	(Year)	U HAVE MORE THAN	· · ·
Include all reportable expenditures by lobbyist and lobb	rist's employer for or or	behalf of the lobbyist		attributed to each en	
Incurred during the rep	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from fobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No	Employer No	Employer No
 COMPENSATION earned from employer for tobbying this period (salary, wages, retainer) 	\$ 10,900		\$ 3200	\$ 100	s 500
PERSONAL EXPENSES for travel, food and refreshments		\$		19.0 11.7 2 11.119	
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$ 2571	\$571			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)			-		
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 13,471	\$ 571	\$ 3200	\$ 100	\$ 500
11. EMPLOYERS' NAMES No. 4 (B) WA UM No. 5 (C) RESFIN No. 6 (D) CITHICE 12. Subject matter of proposed legislation or other legislative ac Subject Matter, Issue or Bill No. Legis	RECHANT tivity or rulemaking the kol	c HEACIH	NETWAV posing.	re than three employer: C Employer Repres	
Continued on attached pages 13. Of the time spent lobbying, what percentage was devoted to		islature <u>√</u> %	State Agencies	} _%.	_
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU		OUR REGISTRATION)			
Date registration ends: 6/1/05 Emplo	oyer's name: CH4/	ce recount	. IteACTH	NETWORK	Ł
t understand that an L-2 report is required for any month or p file a new registration prior to lobbying for that employer in the					
certify that this report is true and complete to the best of my kno		TELOA/TYON STORE	1/1/1/1		DATE /
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	L	v v. 1 v		CONTINUE ON	REVERSE

P	age 2		,	·					•	
Lob	bylst Name	0				Reportir Period	ng (Mont	h) (Year)		
15.	Show the Entertain Travel Enrollme	of the following expend actual amount incurre ment expenditures ex- odding and subsistence and and course fees in o must provide an elected or her family member(s	ed for each individual ceeding \$25 per occasion a expenses in connection connection with a seminal official with a copy of the seminal process.	or the amount for on (including lobb on with a speech, nar or educational the L-2 or Memo I	sirly attribute yist's expense presentation, program. Report if the lo	d to each. i) for meals, beve- appearance, trad bbyist reports: 1	rages, tickets, a mission, sen spending on	passes, or for other ninar or educational one occasion over \$	forms of entertainn program. 50 for food or beve	nent.
	Date	Names of all Persor	ns Entertained or Provid	ded Travel, etc.	0	escription, Place,	etc) '	Sponsorin	g Employer, 1	Amount
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	N/A	Total expenses itemiz	red on attached Memo I	Reports —	1			ļ		
<u></u>	Continued or	n attached pages.		· .	į.				,	
6.	state candi	ary or in-land contribution dates or elected official flot proposition. If a con ampaign.	is: local and state office	Az or employees:	political come	nittees supporting	or opposing a	tny candidate, electr	id official, officer or	employee or any loca
	Date	Name of Individual	or Committee Receiving	g Contribution			Source of Cor	ntribution		Amount
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				•		1.41				
	N/A	Total contributions ite	mized on attached Men	no Reports	<u> </u>		,	•	· · · · · · · · · · · · · · · · · · ·	
	If contribution C-4 rep	ions were made directly ort need not be again in	nctuded in this L-2 repo	ir) 7 4.7 7	ed, affiliated o			N1 P.	AC below. (Informa	ition reported by PAC
		n attached pages		C Name:					<u> </u>	
	directly or i	es for: a) political adve indirectly are lobbying-r age that also shows lot by the lobbyist for other	elated must be itemized obyist name and report	d by amount, veni date. Put the ago	dor or person pregate total o	receiving paymer f these expenditu	t, and a brief or res on line 8.	description of the ac	ivity:-Itemize each	expenditure on an
8.	assistance	in lobbying and payme	ints for grass roots lobb	ying campaigns (except advert	ising/printing cost	s listed in Item	7), 2. 355 3 1		
	Date	Recipi	ent's Name and Addres	ss		Employer	for Whom Ex	pense was incurred		Amount \$
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EXHIBIT #5



Lobbyist Monthly Expense Report

L2

2

(as required by Cl	hapter 397, 1995 Session	n Laws)		JUN 2	2 0 2005	
1. Lobbyst Name FED ERICI				Public Disclosure Commission		
Malling Address CONVERMEND D						
SIVLYMPIA	State	2ip 4 9850/	/	New Address?	☐ Yes ♠ No	
2. This report is for the period (Month) (Year)	This report corrects amends the report		(Year)	(36 d) 48/ -		
ALL COMPLETE TH	IS PART			U HAVE MORE THAN	ONE EMPLOYER	
Include all reportable expenditures by lobbyist and lobby incurred during the rep		behalf of the lobbyist	Amount	attributed to each er	nployer	
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>7</u> Column B	Employer No. <u>P</u> Column C	Employer No. <u>9</u> Column D	
 COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 	\$ 10,900		\$ 1250	\$ 1000	\$ 1100	
PERSONAL EXPENSES for travel, food and refreshments		\$				
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 						
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ 2571	\$571				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
POLITICAL ADS. PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)				·		
9. OTHER EXPENSES AND SERVICES (See #18)						
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 13,47/	\$ 571	\$ 1250	\$ 1000	\$ 1100	
11. EMPLOYERS' No. $\frac{7}{9}$ (B) WA 70 No. $\frac{9}{9}$ (C) ARNIS No. $\frac{9}{9}$ (D) NATIWA 12. Subject matter of proposed legislation or other legislative ac	UNITED OF	TIM C SOCIAL W	ige(s) if you labby for mo 'NUKLLS — posing.			
SEE ATTACHED	ilative Committee or Sta	te Agency Considering Ma	atter .	Employer Repre	sented	
Continued on attached pages		מו	<i>ור</i> ו			
13. Of the time spent lobbying, what percentage was devoted to	lobbying: the Leg		State Agencies J 0	_%.		
Date registration ends: Understand that an L-2 report is required for any month or price to lobbying for that employer in the same registration prior to lobbying for that employer in the same registration prior to lobbying for that employer in the same registration prior to lobbying for that employer in the same registration prior to lobbying for that employer in the same registration prior to lobbying for that employer in the same registration prior to lobbying for that employer in the same registration prior to lobbying for that employer in the same registration prior to lobbying for that employer in the same registration prior to lobbying for that employer in the same registration prior to lobbying for the same	oyer's name: NAS (PS UNITED N - WA CHAN am a registered lobbyist. I al	lso understand that once			
I certify that this report is true and complete to the best of my kno		TIFICATION BBYTEAT SIGNATURE	WW .	6,	DATE ()	
			_	CONTINUE ON	REVERSE	

P	age 2					:	L2		
	bylst Name				Reporting Period	(Month)		ar)	
15.	Show the Entertai Travel: Enrollm	of the bildwing expenditures that were actual amount incurred for each indi- inment expenditures exceeding \$25 per lodging and subsistence expenses in co- ent and course fees in connection with a must provide an elected official with a co- or her family member(s); or 2) providing	vidual or the amount fall occasion (including lobby nnection with a speech, p I seminar or educational p pay of the L-2 or Memo Re	riy attributed to ist's expense) for resentation, app program. sport if the lobby	each. r meals, bevera earance, trade ist reports: 1) s	ges, tickets, p mission, semii spending on or	asses, or for ot nar or educatio ne occasion ove the official and	her forms of enternal program. er \$50 for food or if permitted, the	ortainment.
	Date	Names of all Persons Entertained or	Provided Travel, etc.	Desc	nption, Place, e	tc.	Spons	oring Employer	Amount
	1.)	5 7		F. N.			1. 18 37.
	*	;							
					· · · · · · · · · · · · · · · · · · ·	·			
	N/A	Total expenses itemized on attached f	Aemo Reports					<u> </u>	-
	Continued o	on attached pages.		V .		•			·
16.	state cond	ary or in-lund contribution exceeding \$25 liciates or elected officials; local and state that proposition. If a contribution exceed ampaign.	a officers or employees; p	olitical committe	es supporting (or opposing an	y candidate, el	ected official, offic	car or employee or any loca
	Date	Name of Individual or Committee Re	ecsiving Contribution	•	. s	iource of Cont	ribution		Amount
					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, r	•	1	\$
	-				•	· :		:	
	`	F 3 . V					•.	•	
	N/A If contribution C-4 res	Total contributions itemized on attache tions were made directly by a political ac port need not be again included in this L	ed Memo Reports tion committee associated 2 report.)	d, affiliated or_sp	onsored by you	r employer, st	now name of th	e PAC below. (In	nformation reported by PAC
_		on attached pages.	PAC Name:			· . v . 'J	100	Ġ,	
	Expenditudirectly or attached p	res for: a) political advertising supportining indirectly are lobbying-related must be it page that also shows lobbyist name and by the lobbyist for other lobbying expens	emized by amount, vendo report date. Put the aggrees ses and services, includin	or person reco egate total of the g payments to s	r.ballot measun siving payment, ase expenditure subcontract lobb	e; or b) public and a brief de is on line 8. byists, expert w	iscription of the	activity. Itemize	each expenditure on an
	Date	e in lobbying and payments for grass roo Recipient's Name and		xcept adverus#		• • • • • • • • • • • • • • • • • • • •	nse was Incum	red 1	Amount
		,	•.			•			\$
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	Continued	on attached page	A Si Silver	Y. Y.		ii	· · · · · · · · · · · · · · · · · · ·		
_			M. M. Carlot	14 11					



L2

Lobbyist Monthly Expense Report

(as required by Cl	napter 397, 1995 Session	n Laws)		JUN 2	0 2005
1. Lobpys Name FEDERICI					
Mailing Address CLOVERFIELD DR SE					re Commi ssion
CHOLYMPIA	State	Zip + 4		New Address?	☐ Yes ♠ No
2. This report is for the period (Month) (Year)	This report corrects amends the report		(Year)	Business Teleph (301) 481	
ALL COMPLETE TH	IS PART		 	OU HAVE MORE THA	N ONE EMPLOYER
include all reportable expenditures by lobbyist and lobby		behalf of the lobbyist	Amou	int attributed to each	employer
Incurred during the rep	TOTAL AMOUNT	Amounts paid from			T
Expense Category	THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>/ Ø</u>	Employer No	Employer No
	pages)	Column A	Column B	Column C	Column D
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 10,900		s <i>7000</i>	\$	\$
PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$2571	\$571			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ /3,47/	\$ 571	s 7000	\$	\$
11. EMPLOYERS' No. <u>[U</u> (B) FATING No (C)	X HOSPIT	(Attach additional p	age(s) if you lobby for	more than three employ	vers.)
No (D) 12. Subject matter of proposed legislation or other legislative ac Subject Matter, Issue or Bill No. Legis		bbyist was supporting or op ate Agency Considering M		Employer Rep	resented
SEE ATTACHED					
Continued on attached pages		(🛰	1-	T	
13. Of the time spent lobbying, what percentage was devoted to	lobbying: the Leg	gislature JD %	State Agencies 1	<u>U</u> %.	
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU		OUR REGISTRATION)			
Date registration ends: 6/1/05 Empl	oyer's name: FAL N	FAX HOSPI	Me		
I understand that an L-2 report is required for any month or file a new registration prior to lobbying for that employer in the	portion thereof in which the future. All registrations	am a registered lobbyist. I a s terminate/automatically or	also understand that of the second Monday is	nce I have terminated m n January of each odd n	y registration, I must umbered year.
		TIFICATION W	<i>l</i>		oute :
I certify that this report is true and complete to the best of my known	owledge. LC	DBB/167 8/640-70-74		_	UATE
		MMN YWW	VVV/	U	115/15
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Page	2					<u>LZ</u>	· •
obbylst Na	me	:		Reporting Period	(Month)	(Year)	
15. Itemize	all of the following expenditures t	that were incurred by lobb	yist or lobbyist emplo	yer(s) for legislators.	state officials, st	ate employees and me	mbers of their immediate families
Show t	he actual amount incurred for o	each individual or the ar	mount fairly attribute	id to each.			
• Enrot	el. lodging and subsistence exper iment and course fees in connect	tion with a seminar or edu	icational program.	•	• •	1	
Lobbyis and/or	ts must provide an elected official his or her family/member(s):(or 2)	I with a copy of the L-2 or providing travel, lodging.	Memo Report if the I subsistence expense	obbyist reports: 1) sp is or enrollment or co	ending on one o urse fees for the	occasion over \$50 for for official and, if permitted	od or beverages for the official d, the official's family.
Date	Names of all Persons Ente	ritained or Provided Trave	ol, etc.	Description, Place, et	July 2	Sponsoring Emplo	yer Amount
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N/A	Total expenses itemized on a	sttached Memo Reports					
6 Marmon	d on attached pages. setany or in-kind contribution exce	eding \$25 was given or tr	ansmitted by the lobb	yist to any of the follo	wing, itemize the	e contribution below or	on a Memo Report: local and
or state	battot proposition. If a contributio	l and state officers or emp on exceeding \$25 was giv	ployees; political com en to the following, it	mittees supporting or emize the contribution	opposing any ca below: a caucu	andidate, elected officia us political committee; (al, officer or employee or any loca a political party; or a grass roots
. •	campaign.				urce of Contribu	*) Amount
Date	Name of Individual or Com	imittee Receiving Contro	iution	SÇ.	urce or contribu	BOII	Amount
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N/A	Total contributions itemized of	on attached Memo Repor	ts (<u></u>			
	utions were made directly by a preport need not be again included		associated, affiliated	or sponsored by your	employer, show	name of the PAC belo	w. (Information reported by PAC
_	d on attached pages.	PAC Name:					•
7. Expendi	tures for: a) political advertising	supporting or opposing a	state or local candida	ite or ballot measure;	or b) public reta	tions, telemarketing, po	offing or similar activities that
attached	or indirectly are lobbying-related in page that also shows lobbyist n	ame and report date. Put	t the aggregate total o	of these expenditures	on line 8.	•	•
8. Paymen assistan	its by the lobbylist for other lobbyling and payments for	ng expenses and service: grass roots lobbying cam	s, including payments paigns (except adver	to subcontract lobby tising/printing costs ti	ists, expert withe sted in Item 7).	isses and others retain	ed to provide lobbying services or
Date	Recipient's Na	ame and Address	1 .	Employer for	Whom Expense	was incurred	Amount
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				EXHIBI	T#5		
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711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

PDC OFFICE USE

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

nuu 1 0 2005

1.	Lobbyst Name FED ER 1C1 Mailing Address				Public Di	sclosure Commissio
	2927 CLOVERFIELD DR	SE				
	COLYMPIA	State WA	210+4 9850/		New Address?	☐ Yes ♀ No
2.	This report is JUNE 2005	This report correct	s or		Business Telepho	
	for the period (Month) (Year)	amends the report	for (Month)	(Year)	(360) 481-	1934
	ALL COMPLETE TH	IIS PART	(MOIAI)	T	U HAVE MORE THAN	ONE EMPLOYER
1	nclude all reportable expenditures by lobbyist and lobb		n behalf of the lobbylst	Amount	t attributed to each e	mployee
	incurred during the rep	Orting period TOTAL AMOUNT	Amounts paid from			
	Expense Category	THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	iobbyist's own funds, not reimbursed or attributed to an employer.	Employer No/	Employer No. Z	Employer No. <u>3</u>
_	COMPENSATION and for a selection of colors in this	pages)	Column A	Column B	Column C	Column D
3.	COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 1400		\$ 500	\$ 500	\$ 1000
4.	PERSONAL EXPENSES for travel, food and refreshments		\$			
5.	ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6.	CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	2570	\$530	£ 2000		
7.	ADVERTISING, PRINTING, INFORMATIONAL LITERATURE				· · · · · · · · · · · · · · · · · · ·	
8.	POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)				-	
9.	OTHER EXPENSES AND SERVICES (See #18)					
10.	TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	s 9930	\$ 530	\$ 2500	\$ 500	\$ 1000
	EMPLOYERS' No (B) ## EM (B) No (C) # I D W I No (D) ## E Subject matter of proposed legislation or other legislative ac Subject Matter, Issue or Bill No. Legis	divity or rulemaking the lo	(Attach additional parties of CF	oosing.	ere than three employer Employer Repre	
	Continued on attached pages		מלו	~		
13.	Of the time spent lobbying, what percentage was devoted to	lobbying: the Leg	islature%	State Agencies 30	_%.	
14.	TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU'S	WISH TO TERMINATE Y	OUR REGISTRATION)			
	Date registration ends: Emplo	oyer's name:	, ,			
	I understand that an L-2 report is required for any month or p file a new registration prior to lobbying for that employer in th	e future. All registrations	terminate automatically on t	so understand that once	I have terminated my anuary of each odd nur	
Cet	tify that this report is true and complete to the best of my kno	CERT	TFICATION //_WEITH	7////		PATE /
	and and and and arranged to the best of they kno				7//	5/05
		V			CONTINUE ON	NEXT PAGE

Page 2	<u> </u>			_2	RECEIVED
Loupyist Nam	i FEDERICI	Reporting Period	JUNE (Month)	COUS (Year)	AUG 1 0 2005
Enterta Travel Enrolin	If of the following expenditures that were incurred by lobbyist or lobe actual amount Incurred for each individual or the amount fall imment expenditures exceeding \$25 per occasion (including lobby lodging and subsistence expenses in connection with a speech, pent and course fees in connection with a seminar or educational provide an elected official with a copy of the L-2 or Memo R is or her family member(s); or 2) providing travel, lodging, subsistent	ist's expense) for meals, beverage: presentation, appearance, trade mis program.	s, lickets, passes ssion, seminar or Inding on one occ	, or for other forms of en educational program. casion over \$50 for food	tertainment. or beverages for the official
Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.		Sponsoring Employer	\$
16. If a mone	Total expenses itemized on attached Memo Reports on attached pages. etary or in-kind contribution exceeding \$25 was given or transmitte indidates or elected officials; local and state officers or employees; hallot proposition. If a contribution exceeding \$25 was given to the	political committees supporting of (opposing any can	idigale, elected official, o	HILLER OF CHILDROYCE OF ARTY TOCA
	pallot proposition. If a contribution exceeding \$25 was given to the campaign.	: lollowing, itemize the contribution	DC:011. B CB0003	position dollaring of a pr	
6/1/05	Name of Individual or Committee Receiving Contribution WA STATE DEMOCRATS	NICL FEDER	urce of Contribution C	on .	Amount \$ 70
0/105	HEALTH' FUDOUR AIR FOR ALL WASHINGTON (I-901)	NICH FEDER	erci		500
11/05	Name of Individual or Committee Receiving Contribution WA STATE DEMOCRATS HEALTHY INDOWN AIR FOR ALL WASHINGTON (I-901) ITEALTHY INDOWN AIR FOR ALL WASHINGTON (I-901) ALL WASHINGTON (I-901)	OF WASHING	una A iton - 2	SJICIATUM AV KIND	~ Zavo
NI/A	Total contributions itemized on attached Memo Reports	<u> </u>			
N/A If contrib	utions were made directly by a political action committee associate port need not be again included in this L-2 report.)	ed, affiliated or sponsored by your	employer, show r	name of the PAC below.	(Information reported by PAC
_					
17. Expendit	ton attached pages. PAC Name: tures for: a) political advertising supporting or opposing a state or or indirectly are lobbying-related must be itemized by amount, venc page that also shows lobbyist name and report date. Put the agg	dor or person receiving payment, a	na a briet descrip	ons, telemarketing, pollin tion of the activity. Itemi	ng or similar activities that ze each expenditure on an
18 Paymen	ts by the lobbyist for other lobbying expenses and services, including in lobbying and payments for grass roots lobbying campaigns (ing payments to subcontract lobbyi	sts, expert witnes	ses and others retained	to provide lobbying services of
Date	Recipient's Name and Address		Whom Expense	was incurred	Amount
					\$

☐ Continued on attached page

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

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LODDYIST MON (as required by Ci	TNIY EXPENS hapter 397, 1995 Sessice			A	06 1 0 2005
1. LOOPHING FEDERICI		······································		Public	Disclosure Commissi
2927 Cloverpleis	DR SE				
BLYMPIA	State WA	Zin 350	,	New Address?	☐ Yes ♣ No
2. This report is JUNE 2005	This report correct			Business Teleph	
for the period (Month) (Year)	amends the report	for (Month)	(Year)	(36 4) 357	4908
ALL COMPLETE TH	IS PART		T	OU HAVE MORE THA	N ONE EMPLOYER
Include all reportable expenditures by lobbyist and lobb incurred during the rep	vist's employer for or o	n behalf of the lobbyist	Amou	nt attributed to each	employer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbylst's own funds, not reimbursed or attributed to an employer. Column A	Employer No Column B	Employer No Column C	Employer No Column D
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	s 74M	OHBINITA	s 3200	\$ 100	\$ 1250
PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	2570	530			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 9930	\$ 530	s Tevo	s 100	\$ 1250
11. EMPLOYERS' NO(B) WA UV NO(C) // ESP/M NO(D) WA 70? 12. Subject matter of proposed legislation or other legislative ac Subject Matter, Issue or Bill No. Legis		(Attach additional particle of the Action of the Action of the Action of the Action of the Agency Considering Marting of the Agency Considering of the A		more than three employs	
Continued on attached pages 13. Of the time spent lobbying, what percentage was devoted to 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU ITEM)			State Agencies	<u></u> %.	
Date registration ends: Empl	oyer's name:	/ ,	lil -		
I understand that an L-2 report is required for any month or file a new registration prior to lobbying for that employer in the	portion thereof in which I a ne future. All registrations	am a register tylobly st. I al terminate automatically of	se Inderstand that on the second Monday in	ce I have terminated my January of each odd nu	registration, I must Imbered year.
	CERT		411/1		
I certify that this report is true and complete to the best of my kno	owedge. LC	BBYIST SIGNITYRE	WW//	2/	15/05
		/ · · · · · · · · · · · · · · · · · · ·		CONTINUÉ O	N NEXT PAGE

DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

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AUC 1 A

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws) 1. Lobbyist Name FEDERIC					AUG 1 0 2005	
					Disclosure Commi ssi o	
Mading Address CLANERFIELD	s DR SE					
&CYMPIA	State A	3550	1	New Address?	☐ Yes ☐ No	
2. This report is JUNE 2005	This report correc	ts or		Business Teleph	one	
for the period (Month) (Year)	amends the repor	t for (Month)	(Year)	()	-	
ALL COMPLETE T	HIS PART		COMPLETE IF Y	OU HAVE MORE THA	N ONE EMPLOYER	
Include all reportable expanditures by lobbyist and lob incurred during the re		n behalf of the lobbyist	Amou	nt attributed to each e	employer	
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No	Employer No Column C	Employer No Column D	
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	s 7400	Column A	s //00	s	\$	
PERSONAL EXPENSES for travel, food and refreshments		\$				
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)						
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	07.7	570				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
8. POUTICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)						
9. OTHER EXPENSES AND SERVICES (See #18)						
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH		\$ 570	\$ 1100	\$	\$	
11. EMPLOYERS' NAMES No (C) No (D) 12. Subject matter of proposed legislation or other legislative a Subject Matter, Issue or Bill No. Leg	activity or rulemaking the lo		posing.	nore than three employer CITAPTEC Employer Repr		
Continued on attached pages 13. Of the time spent lobbying, what percentage was devoted		gislature%	State Agencies	O		
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE	YOUR REGISTRATION)	//			
Date registration ends: Employers I understand that an L-2 report is required for any month or file a new registration prior to lobbying for that employer in	oloyer's name: portion thereof in which to the future. All registration:	am a registere tylobbyjkt. I a s terminate addomatically o	ilse understand that one he second Monday in	ce I have terminated my January of each odd nu		
I certify that this report is true and complete to the best of my kr		TIFICATION DEBYIST SUMMERE		2/	DATE (1/05	
		4,5		CONTINUE	N NEXT PAGE	



711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

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Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)				SEP 2	SEP 2 7 2005	
1. Lobbyist Name NICH FEDERICI	1. Lobbyisi Narge ALCH FSDSALCI					
Mailing Address CLOVERFIELD	DR SE					
CONMPIA	State	78501		New Address?	☐ Yes ☑ No	
2. This report is AUMST 2005	This report correct			Business Telepho		
for the period (Month) (Year)	amends the report	(Month)	(Year)	(360)481-	1936	
ALL COMPLETE TH			COMPLETE IF YOU	U HAVE MORE THAN	ONE EMPLOYER	
Include all reportable expenditures by lobbyist and lobby incurred during the repo		n behalf of the lobbylst	Amount	attributed to each e	nployer	
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from tobbyist's own funds, not reimbursed or attributed to an employer.	Employer No/ Column B	Employer No. Z	Employer No. 3	
 COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 	s 7400	Column A	\$ 500	: 250	\$ 1000	
PERSONAL EXPENSES for travel, food and refreshments		\$				
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 	\$ 205	\$ 205	_			
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$2031	\$ 31	£2000			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)						
9. OTHER EXPENSES AND SERVICES (See #18)				· · · · · · · · · · · · · · · · · · ·		
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 9636	\$236	\$ 2500	625 a	\$ 1000	
11. EMPLOYERS' NO. 1 (B) AMERICA NO. 2 (C) MID WIV NO. 3 (D) I tem & C	es assiciat	4.00 CLATTON O	ge(s) if you lobby for mo TH WASHING VG-THN STATE	re than three employe	's.)	
12. Subject matter of proposed legislation or other legislative act	tivity or rulemaking the lo		The second secon	Employer Repre	sented	
HEALTH CAPE ACCESS				1,7		
TUBACCO CONTROL				1,4		
ENITIATIVE 901				, , ,		
Continued on attached pages		_	~	· ·		
·	lobbying: the Leg		State Agencies			
 Of the time spent lobbying, what percentage was devoted to TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU Y 			State Agencies	_76.		
·			<i>c c</i>			
Date registration ends: Emplo I understand that an L-2 report is required for any month or p file a new registration prior to lobbying for that employer in the	ortion thereof in which I a e future. All registrations	im a registered lobbyist. Value tenningle automatically on	sy understand that once be second Monday in Ja	I have terminated my r	registration, I must nbered year.	
Learly that this read in top and applicable to the		IFICATION //	////		D/TE .	
I certify that this report is true and complete to the best of my known	Meage. LO		W	9/	22/05	
	EV	HIRIT#5	•	CONTINUE ON	NEXT PAGE	

711 CAPITOL WAY RM 206 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

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SEP 2 7 2005

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

Public Disclosure Commission LOUBLY HAMPE FED ERICI CLOVERFIELD DRIVE JE Zip + 4 9870/ CHUYMPIA New Address? | Yes | No Business Telephone This report corrects or This report is AUGUST 2005 for the period amends the report for 13601481-1936 (Year) (Year) (Month) COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER ALL COMPLETE THIS PART include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist Amount attributed to each employer incurred during the reporting period TOTAL AMOUNT Amounts paid from THIS MONTH lobbylst's own funds, Employer Employer **Employer** not reimbursed or No. <u>Y</u> No. 4 Ail employers plus No. attributed to an own expense (Columns a + b + c employer. **Expense Category** d and attached Column B Column C Column D pages) Column A COMPENSATION earned from employer for lobbying this 3200 1250 7400 100 period (salary, wages, retainer) PERSONAL EXPENSES for travel, food and refreshments ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) CONTRIBUTIONS to elected officials, candidates and political committees (See #16) ADVERTISING, PRINTING, INFORMATIONAL LITERATURE POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17) 9. OTHER EXPENSES AND SERVICES (See #18) 10. TOTAL COMPENSATION AND EXPENSES INCURRED s 9636 | s 236 1250 THIS MONTH No. Y (B) WA COW-INCOME HOUSING ALLIANCE

No. T (C) RESPIRATION CAME SOCIETY OF WA 11. EMPLOYERS NAMES NO. 6 (D) WA TOXICS CONSLITION 12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing. Subject Matter, Issue or Bill No. **Employer Represented** Legislative Committee or State Agency Considering Matter HOUSING POLICY + FUNDING LICENSING ISJUES 2,3,5,7 TOXIC CITEMICALS

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

13. Of the time spent lobbying, what percentage was devoted to lobbying:

Date registration ends

Employer's name:

understand that once I have terminated my registration. I must I understand that an L-2 report is required for any month or portion thereof in which I am a regist file a new registration prior to lobbying for that employer in the future. All registrations term second Monday in January of each odd numbered year.

CERTIFICA I certify that this report is true and complete to the best of my knowledge



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SEP 2 7 2005

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)					Public Disclosure Commission	
1. Lophyst Name FED ENICI						
2927 CLOVERFIECE DR	PIVE SE					
CHYMPIA	State	zip + 4 98 X	/	New Address?	☐ Yes 🏕 No	
2. This report is for the period (Month) (Year)	This report correct amends the report		(Year)	Business Teleph (360) 481		
(Month) (Year) ALL COMPLETE TH	IS PART	(Month)		U HAVE MORE THA	N ONE EMPLOYER	
Include all reportable expenditures by lobbytet and lobby incurred during the reportable and incurred during the reportable and include all reportables.		n behalf of the lobbyist	Amoun	t attributed to each	employer	
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns s + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>7</u> Column B	Employer No Column C	Employer No Column D	
 COMPENSATION earned from employer for tobbying this period (salary, wages, retainer) 	\$ 7400		\$ 1100	\$	\$	
4. PERSONAL EXPENSES for travel, food and refreshments		\$				
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 	\$205	\$205				
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$2031	431				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
8. POUTICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)						
9. OTHER EXPENSES AND SERVICES (See #18)						
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 9636	\$ 236	\$ 1/10	\$	\$	
11. EMPLOYERS' No (B) WATCOWH No (C) No (D) 12. Subject matter of proposed legislation or other legislative ac Subject Matter, Issue or Bill No. Legis	C ASS N ON	(Attach additional pa	oosing.	ore than three employ Employer Rep		
Conlinued on attached pages 13. Of the time spent lobbying, what percentage was devoted to			State Agencies) _%.	· ·	
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU V	•	OUR REGISTRATION)	//			
	oyer's name:	///	//			
t understand that an L-2 report is required for any month or p file a new registration prior to lobbying for that employer in the	ortion thereof in which I a e future. All registrations	am a registered loboyist. Al	so understand that once the second Monday in J	e I have terminated my anuary of each odd no	y registration, I must umbered year.	
I certify that this report is true and complete to the best of my kno		TIFICATION		0	BATE /	
		IM WALL	יץ'' 	7/	(2/1)	
		1/ /	_	CONTINUÉ O	N NEXT PAGE	

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15. Beninds all of the loberous generalizates that were incurred by lobblyst or obbysts an employers () lo legislation, state officials, state employers and members of their immediate families. Show the section amount incurred the exchinding according to the section of the families. It is a consistent of the section of	Labbida Alama	FEDERICI	,	·/··········	(Year)	
Comment or situations stem itemized on attached Memo Reports	Show the acture Entertainmen Travel. lodgin Enrollment ar Lobbyists must	al amount incurred for each individual or the amount fa t expenditures exceeding \$25 per occasion (including lobby ig and subsistence excentes in connection with a speech, id course fees in connection with a seminar or educational provide an elected official with a copy of the L-2 or Memo R r family member(s); or 2) providing travel, lodging, subsiste	irly attributed to each, jist's expense) for meals, beverage presentation, appearance, trade in program. teport if the lobbyist reports: 1) since expenses or enrollment or co.	ges, tickets, passes, nission, seminar or e pending on one occa ourse fees for the offi	employees and members or or for other forms of enterta ducational program. sion over \$50 for food or be cial and, if permitted, the of	their immediate families. inment. everages for the official ficial's family.
Continued on stacthed pages. 16. If a monetaty or in-sind contribution exceeding \$25 was given or transmitted by the lobbyets to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials. (officer or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party: or a girass roots lobbying campaign. Date	$I^{\bullet I}I$		•			
16. If a moretary or in-kind contribution screeding \$25 was given or transmitted by the lobbysis to any of the following limitate contribution below or on a Memor Report. Iocal and state candidates or elected officials is official and employees; political committees upon contribution below: a caucus political entering or opposing any canadists. evided officials official or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political party; or a grass roots lobbying campaign. Name of Individual or Committee Receiving Contribution Name of Individual or Committee Receiving Contribution For ALL WASHINGTON LAND ALL CI NAME TOTAL CONTRIBUTIONS ALL CI NAME TOTAL CONTRIBUTIONS WERE ALL CI NAME TOTAL CONTRIBUTIONS were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report). Commend on etached pages. PAC Name: 17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, politing or similar activities that discretory or indirectly are lobbying-related must be fermized by amount, vendor or person recovering payment, and a bride description of the activity. Henrize each expenditure on an attached page that alload shows to bobyter name and report date. Put the aggregate tool of these expenditures on line 8. 18. Payments by the lobbying and payments for grass roots lobbying campaigns (except advertising)mining costs listed in the report winesses and others retained to provide lobbying seniors or a assistance of lobbying and payments for grass roots lobbying campaigns (except advertising)mining costs listed in the remarkable page.	_ "	,			i	•
HEALTH'S IN DOOM AIN MMS ILLAN WING ASSOCIATION OF	16. If a monetary or state candidates or state ballot pr	in-kind contribution exceeding \$25 was given or transmitte s or elected officials; local and state officers or employees; roposition. If a contribution exceeding \$25 was given to the	political committees supporting or	r opposing any candi	date, elected official, office	or employee or any local
If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.) Continued on attached pages. PAC Name:	8/1/05 H Fo 8/1/05 W	ame of Individual or Committee Receiving Contribution EALTHY IN DOON AIR WASHINGTON (I-90) A JTATE DEMICIATI	AMERICAN LU WAS HINGTON NICH FEDE	ource of Contribution (NG ASO) (IN KI) (AIC)	CIATION OF] _
17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8. 18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7). Date Recipient's Name and Address Employer for Whom Expense was Incurred Amount \$ Amount \$	If contributions w	vere made directly by a political action committee associate	d, affiliated or sponsored by your	employer, show nar	ne of the PAC below. (Info	mation reported by PAC
directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8. 18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyings, expert witnesses and others retained to provide lobbying assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7). Date Recipient's Name and Address Employer for Whom Expense was Incurred Amount \$\$	Continued on attac	thed pages. PAC Name:				
assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7). Date Recipient's Name and Address Employer for Whom Expense was Incurred \$\$\$ \$\$\$	directly or indirec	city are lobbying-related must be itemized by amount, vendo	or or person receiving payment, a	and a brief description		
\$					s and others retained to pro	vide lobbying services or
Continued on attached page.			Employer for	Whom Expense wa	s Incurred	
	Continued on attact	ned page.				



Lobbyist Monthly Expense Report

(as required by Cha	pts. 551, 1355 665510.			DEC 02	2005
1. Lobbyst Name FED ENICI					
Meding Address CLOVERFIELD D	RIVE SE		P	ublic Disclosure C	ommission
countie	State 4	7850 P	·	New Address?	☐ Yes Æ No
2. This report is SSPT 2005	This report corrects			Business Telepho	
for the period	amends the report	for (Month)	(Year)	(360) Y81-	1956
(Month) (Year) ALL COMPLETE THIS	SPART		COMPLETE IF YOU	HAVE MORE THAI	ONE EMPLOYER
include all reportable expenditures by lobbyist and lobbyis	st's employer for or or	behalf of the lobbyist	Amount	attributed to each e	mployer
Incurred during the repo	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>/</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 9400		\$ 500	\$ 520	\$ 1000
PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$2130	\$ 130	12000		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$11,530	\$ /30	\$ 5200	\$ 250	\$ 1000
11. EMPLOYERS' NAMES No. 1 (B) TMERICAN No. 2 (C) MIDWIVE No. 3 (D) I + CME 12. Subject matter of proposed legislation or other legislative act Subject Matter, Issue or Bill No. TORALLO CANTOL HEATH CARE ACCESS	S ASSICIA ARE COAUT tivity or rulemaking the k	SUCIATION OF TION OF WA	STATE opposing.	Employer Rep しょう しょう こっち	resented
LICENSING				2,5,	7
Continued on attached pages		100)	
13. Of the time spent lobbying, what percentage was devoted to	lobbying: the Le	gistature 50 %	State Agencies		
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU'S	MISH TO TERMINATE	TOUR REGISTRATION)	/ ,		
Date registration ends: Emplo Lunderstand that an L-2 report is required for any month or p file a new registration prior to lobbying for that employer in th	oyer's name: portion thereof in which t	am a registered lobbine 1	also understand that once	e I have terminated m	y registration. I must
file a new registration prior to lobbying for that employer in the			HILL B SECURE MORGEY III S	randary or each odd in	
I certify that this report is true and complete to the best of my kno		OBBY ET BEN TUBE	MW		DATE 10/15/05
		EXHIBIT	r#5 57	CONTINUE	JN NEX I PAGE

CONTINUE ON NEXT PAGE



TOLL FREE 1-877-601-2828

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Lobbvist Monthly Expense Report

(as required by C	hapter 397, 1995 Sessio	•		11.202	
1. Lobbytst Name				DEC 0	2 2005
PICK FEDERICI			_		0
Mailing Address CUNERFIE DR	IVESE			Public Disclosu	re Commission
CHMPIA	State WA	Zip+4 985	1	New Address?	☐ Yes 💆 No
2. This report is for the period SEFT WV5	This report correct			Business Telepho	one
for the period (Month) (Year)	amends the report	(Month)	(Year)	J601481-	1936
ALL COMPLETE TH	IS PART	(Monal)	T	U HAVE MORE THAN	N ONE EMPLOYER
Include all reportable expenditures by lobbylst and lobby		n behalf of the lobbyist	 	t attributed to each e	
incurred during the rep	TOTAL AMOUNT	Amounts paid from	7411041	Tata Batta to Bach e	inproyer
Expense Category	THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>Y</u>	Employer No.	Employer No. <u>C</u>
a contract the second second	pages)	Column A	Column B	Column C	Column D
 COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 	s 9400		s 3200	5 100	\$ 1250
PERSONAL EXPENSES for travel, food and refreshments		\$			
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 			}		
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$2130	\$ 130			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					***************************************
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 11,530	\$ 130	\$ 3200	\$ 100	\$ 1250
11. EMPLOYERS' NO. Y (B) WA LOW- NO. E (C) RESPIRA) NO. (D) WA TO	INCOME HOU ON CAME S KICS COALI	(Attach additional pa USING ALLIAN OCIETY OF WI TION		ore than three employer	rs.)
12. Subject matter of proposed legislation or other legislative act Subject Matter, Issue or Bill No. Legis LLUSING POLICY & FUNDING		te Agency Considering Ma		Employer Repre	sented
HUSSING POLICY + FUNDING POLLUTION PREVENTION + CLEANUP			·	† /, lo	
LANG . TERM CARE				1	
Continued on attached pages		~		<i>•</i>	
	lohhidam.	J0	J7)	
 Of the time spent lobbying, what percentage was devoted to TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU W 			State Agencies	_%.	
	HOW TO TENMINATE IT	OUR REGISTRATION)	,		
	yer's name:				
I understand that an L-2 report is required for any month or po file a new registration prior to lobbying for that employer in the	ortion thereof in which I at a future. All registrations	m a registered lobbyister at terminate automatically on t	so understand that once the second Monday in Ja	I have terminated my r inuary of each odd num	egistration, I must bered year.
	CERTI		1/1		
certify that this report is true and complete to the best of my know	viedge. LO	BBY UST/SUCHVANIARIE	///	(DATE



Labbuist Monthly Expense Report

	Hapter 397, 1995 Session	•		REC	EIVED
1. Lobbydst Name FEDENICI				DEC 0	2 2005
					ıre Commissio g
CHAPIA	State	Zip ; 485	4/	New Address?	☐ Yes d No
2. This report is SEPT 2005	This report correc	ts or		Business Teleph	one
for the period (Month) (Year)	amends the repor		04 - 3	13601481	1936
ALL COMPLETE TH	IIS PART	(Month)	(Year)	OU HAVE MORE THA	
Include all reportable expenditures by lobbyist and lobby		n behalf of the lobbyist			
incurred during the rep	orting period	· · · · · · · · · · · · · · · · · · ·	Amour	t attributed to each	employer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. 2	Employer No Column C	Employer No
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	s 9400	Column	s 1100	\$	\$
PERSONAL EXPENSES for travel, food and refreshments		\$			
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 					
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$2130	\$130	_		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$11,530	\$ 130	\$ 1100	5	\$
11. EMPLOYERS' No (C) No (D) 12. Subject matter of proposed legislation or other legislative active.	ivity or rulemaking the lol	bbyist was supporting or opp	oosing.	ore than three employe	cital ren
Subject Matter, Issue or Bill No. Legisl	ative Committee or Sta	te Agency Considering Ma	itter	Employer Repre	esented ·
Continued on attached pages		77	├ ─71		
3. Of the time spent lobbying, what percentage was devoted to l			State Agencies	_%.	
4. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU W	ISH TO TERMINATE Y	OUR REGISTRATION)			
I understand that an L-2 report is required for any month or on	yer's name: ortion thereof in which I a	m a registated Jobbyist / as	50 understand that once	Lhave terminated my	registration I must
file a new registration prior to lobbying for that employer in the	future. All registrations	terminate automotically ordi	he second Monday in Ja	anuary of each odd nun	nbered year.
certify that this report is true and complete to the best of my know	CERT LO	BBYIST STANTUNG		10,	DATE /15/05
		##	<u> </u>	CONTINUE ON	NEXT PAGE

Page 2	2	•		_2	RECEIVED
1 -55 /-1 51			5807	7005	UEC 0 2 2005
NI	eu redenici	Reporting Period	(Month)	(Year)	
Show the Entertain Franchis	IN of the following expenditures that were incurred by lobbyist or lose actual amount incurred for each Individual or the amount fasting incoment expenditures exceeding \$25 per occasion (including lobby, lodging and subsistence expenses in connection with a speech, ment and course fees in connection with a seminar or educational is must provide an elected official with a copy of the L-2 or Memo Fis or her family member(s); or 2) providing travel, lodging, subsistes	Irly attributed to each, yist's expense) for meals, beverages presentation, appearance, trade mis program. Report if the lobbyist reports: 1) sper	s, tickets, passes, sion, seminar or nding on one occ	employees and memb , or for other forms of ele educational program. asion over \$50 for food	ntertainment.
Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.		Sponsoring Employe	r Amount
				;	\$
N/A	Total expenses itemized on attached Memo Reports				
	t on attached pages. stary or in-kind contribution exceeding \$25 was given or transmitte	ed by the labbuist to any of the follow	ing itemize the c	contribution below or on	a Memo Report: local and
state car or state t lobbying Date	didates or elected officials; local and state officers or employees; ballot proposition. If a contribution exceeding \$25 was given to the campaign. Name of Individual or Committee Receiving Contribution WA STATE DEMOCRATI HEALTH, FUDDOR AIR FOR ALL WASHINGTON HOUSE DEMOCRATIC CAMPAION CUMMITTEE Total contributions itemized on attached Memo Reports	political committees supporting or op of following, itemize the contribution be	pposing any cand below: a caucus rce of Contributio	didate, elected official, (political committee; a p	officer or employee or any local
	utions were made directly by a political action committee associate	ed, affiliated or sponsored by your er	mployer, show na	ame of the PAC below.	(Information reported by PAC
	sport need not be again included in this L-2 report.)				
	on attached pages. PAC Name:		5.5 - 5.0 - 1.0 -		
directly o	ures for: a) political advertising supporting or opposing a state or or indirectly are lobbying-related must be itemized by amount, vend page that also shows lobbyist name and report date. Put the agg	for or person receiving payment, and	d a brief descripti	on of the activity. Itemi	ize each expenditure on an
18. Payment	s by the lobbyist for other lobbying expenses and services, including in lobbying and payments for grass roots lobbying campaigns (ng payments to subcontract lobbyist	s, expert witness	es and others relained	to provide lobbying services or
Date	Recipient's Name and Address	Employer for W	Vhom Expense w	ras Incurred	Amaunt \$

Continued on attached page



Lobbyist Monthly Expense Report

(as required by Ch	apter 397, 1995 Session	1 Laws)		RECE	IVED	
1. Lobbytst Name FED ERICI	DEC 0	2 2005				
Mailing Address CLOVERFIELD	DR SE			Public Disclosur	e Commis sio	
CHYMPIA	State	Zip • 4 98 50	/	New Address?	Yes K No	
2. This report is for the period OCT 7005	This report corrects amends the report	for	(Year)	Business Telephon	-	
(Month) (Year) ALL COMPLETE TH	IS PART	(Month)	T	HAVE MORE THAN	ONE EMPLOYER	
Include all reportable expenditures by lobbyist and lobby	rist's employer for or or	behalf of the lobbyist	 	ittributed to each en	· · · · · · · · · · · · · · · · · · ·	
Incurred during the repo	TOTAL AMOUNT	Amounts paid from	l			
	THIS MONTH All employers plus own expense	lobbyist's own funds, not reimbursed or attributed to an	Employer No	Employer No. <u>Z</u>	Employer No	
Expense Category	(Columns a + b + c + d and attached pages)	employer. Column A	Column B	Column C	Column D	
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ /0,150		s JVB	520	\$ 1000	
PERSONAL EXPENSES for travel, food and retreshments		\$				
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 						
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$ 2052	\$52	2000			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)						
9. OTHER EXPENSES AND SERVICES (See #18)						
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$/2, 202	\$ 52	\$ 52200	250	s /000	
(Attach additional page(s) if you lobby for more than three employers.) 11. EMPLOYERS' NAMES No. \(\frac{1}{2} \) (B) \(\text{MERICAN LUNB ASSOC OF MA} \) No. \(\frac{2}{2} \) (C) \(\text{MIDWIVES ASSOC OF MA STATE} \) No. \(\frac{2}{2} \) (D) \(\text{ITIME} \)						
12. Subject matter of proposed legislation or other legislative ac	tivity or rulemaking the lo	bbyist was supporting or op	posing.			
Subject Matter, Issue of Biti No. Legis TOBACCO CONTROL HEALTH CARE ACCESS	liative Committee or 512	ite Agency Considering M	atter	Employer Repre: کے د		
HEALTH CARE ACCESS				1,7,8		
LICENSING		6 \		2,5,7		
Continued on affected pages		(9)	. 17			
13. Of the time spent lobbying, what percentage was devoted to		islature%	State Agencies	%.		
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE Y	OUR REGISTRATION)				
-	oyer's name:	1/1/1/				
I understand that an L-2 report is required for any month or portion thereof in which I am a registrated lobbyist. It also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.						
I certify that this report is true and complete to the best of my kno		rification F			DATE	
* county that this report is use and complete to the sest of my kind			1	11/	15/05	
		// / // · · · · · · · · · · · · · · · ·		CONTINUE ON	NEXT PAGE	



(as required by Chapter 397, 1995 Session Laws)				REC	EIVED
1. Lopbytet Name FEDERICI				DEC 0	2 2005
Mading Address CLONER FIELD DI	e se			Public Disclos	ure Commission
OUMPIA	State	Zip+4 983	70	New Address?	☐ Yes ▲ No
2. This report is MAT 7	This report correct	s or		Business Telephon	
for the period	amends the report			300 481	1976
(Month) (Year)		(Month)	(Year)	OU HAVE MORE THAN	
ALL COMPLETE THe Include all reportable expenditures by lobbyist and lobby		n behalf of the lobbyist	 		
incurred during the rep	orting period		Amour	nt attributed to each en	hployer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or sttributed to an employer.	Employer No Column B	Employer No	Employer No. <u>C</u> Column D
	pages)	Column A	- Coldinate	- Coloniir C	7
 COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 	\$ 10,150		\$ 3200	\$ 100	\$ 1250
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 					
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$652	\$TZ			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
POUTICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 12,62	\$ TZ	\$ 7200	\$ 100	\$ 12.50
11. EMPLOYERS' NAMES No. \(\frac{1}{2} \) (B) WA LOW No. \(\frac{1}{2} \) (C) \(\frac{1}{2} \) (FF) \(\frac{1}{2} \)	- INCOME ATOM CA	HOUSING P TRE SOCIET	age(s) if you lobby for m FLCI ANCE CON WA	nore than three employers	s.)
No. (c) (D) WA 70× 12. Subject matter of proposed legislation or other legislative ac	tivity or rulemaking the lo	bbyist was supporting or op			
Subject Matter, Issue or Bill No. Legis HOUSING POLICY FUNDING POLLYTION PREVENTION + CLEANY		ite Agency Considering M	atler	Employer Repres	sented
POLLYTIAN PREVENTION + CLEANY	P			1,6	
LOWG- TERM CAME		_		3,8	
Continued on attached pages		18	(7)		
13. Of the time spent lobbying, what percentage was devoted to	lobbying: the Leg	gislature%	State Agencies	%.	
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE Y	OUR REGISTRATION)	10		
Date registration ends: Empl	oyer's name:	11/1			
I understand that an L-2 report is required for any month or p file a new registration prior to lobbying for that employer in the	portion thereof in which I a ne future. All registrations	am a registered lathoyist. /a terminate/automatically of	ilse understand that one the second Monday in	ce I have terminated my for January of each odd num	egistration, I must ibered year.
		IFICATION /	11/1/		
I certify that this report is true and complete to the best of my kno	wiedge. LC	BBYIST EIGHATURE	MMI	11/)	S/DS
		'		CONTINUE ON	NEXT PAGE



TOLL FREE 1-877-601-2828

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Lobbyist Monthly Expense Report					OFIVED
	napter 397, 1995 Sessio	n Laws)		DEC	0 2 2005
1. Lobbyist Nagre FEDERICI					
Mailing Address	10 66			Public Disclo	sure Commission
Mailing Address CLON & RFIELD	prose				
COLYMPIA	State A	Zip & S	0 /	New Address?	☐ Yes ☐ No
2. This report is Of T Zwo 5	This report correct			Business Telepho	one
for the period (Month) (Year)	amends the report	for (Month)	(Year)	() -	
ALL COMPLETE TH	IS PART	(MONIII)		U HAVE MORE THAI	ONE EMPLOYER
Include all reportable expenditures by lobbyist and lobby incurred during the rep		behalf of the lobbyist	Amount	attributed to each e	mployer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. 2	Employer No.	Employer No
OCHECUS ATTOM	pages)	Column A	Column B	Column C	Column D
 COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 	\$ 10,150		s //00	s 250	5
PERSONAL EXPENSES for travel, food and refreshments		\$		<u> </u>	
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 					
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 	\$7052	752			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 12,202	\$	\$//00	, 20	\$
11. EMPLOYERS' NAMES No (B) NATIONAL No (D) 12. Subject matter of proposed legislation or other legislative act Subject Matter, Issue or Bill No. Legis	ivity or rulemaking the lot		osing.	re than three employe A CHAP MEATER CHAP TER Employer Repre	
Continued on attached pages 13. Of the time spent lobbying, what percentage was devoted to			Stale Agencies	_%.	·
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU V	ISH TO TERMINATE Y	OUR REGISTRATION)	,		
Date registration ends: Emplo	yer's name:				
I understand that an L-2 report is required for any month or priles a new registration prior to lobbying for that employer in the	ortion thereof in which I are future. All registrations	n a registered lopoyis. Vels lerminese automatically on u	to understand that once he second Monday in Ja	I have terminated my inuary of each odd nun	registration, I must nbered year.
		FICATION A	<u> </u>		
certify that this report is true and complete to the best of my know	vledge. LOI	BB M \$N\$N\$N\$N\$T \ N\$T\N\$,		DATE /

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Page 2	2			L2	REC	DEIVED
Lobbyist Nam	• (()	Reporting Period	OCT (Month)	(Year)	DEC	0 2 2005
Show the • Enterta • Travel • Encolin	If of the following expenditures that were incurred by lobbyist or loss actual amount (nourred for each Individual or the amount fastinment expenditures exceeding \$25 per occasion (including lobby lodging and subsistence expenses in connection with a speech, nent and course fees in connection with a seminar or educational is must provide an elected official with a copy of the L-2 or Memo Fis or her family member(s); or 2) providing travel, lodging, subsisted	irfy attributed to each, yist's expense) for meals, beverages, presentation, appearance, trade miss program. Report if the lobbyist reports: 1) spens	tickets, passe ion, seminar o ≾ing on one oc	te employees and mess, or for other forms or educational progra	embers of the of entertainment. m. food or bevera	ent. ages for the official
Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.		Sponsoring Emp	loyer	Amount
						\$
N/A	Total expenses itemized on attached Memo Reports					
16. If a mone state can or state b lobbying	on attached pages. tary or in-kind contribution exceeding \$25 was given or transmitte didates or elected officials; local and state officers or employees; allot proposition. If a contribution exceeding \$25 was given to the campaign.	political committees supporting or opporting or opporting or opporting the contribution be	posing any ca dow: a caucu	ndidate, elected offic	ial, officer or e	imployee or any local
Date	Name of Individual or Committee Receiving Contribution	NICK FEDERIC	e of Contribut	ion		Amount
10/1/15	WASTATE DEMOCIETYS	NICK PEDERIC		d.Claa an		\$ 3/
10/31/15	Name of Individual or Committee Receiving Contribution WA STATE DEMOCRATS ITEMSTHY JUDOUR AIR FOR THURSTON COUNTY DEMOCRATS HEALTHY FUDOUR AIR FOR ALL LAM (HENORM	AMERICAN LL	(100-1	MSJOC DI	· MA	\$ 2000
10/19/05	THURSTON COUNTY DEMOCRATI	NICH FEDERIC	<i>(</i>			\$ TO
10/19/05	HEALTHY FINDOOR AIR FOR	NICU FEDERICI				\$ 1
N/A	Total contributions itemized on attached Memo Reports					
] tions were made directly by a political action committee associate port need not be again included in this L-2 report.)	ed, affiliated or sponsored by your em	ployer, show r	name of the PAC bel	ow. (Informati	on reported by PAC
17. Expenditu	on attached pages. PAC Name: ures for: a) political advertising supporting or opposing a state or leading to the indirectly are lobbying-related must be itemized by amount, vend page that also shows lobbyist name and report date. Put the aggi	or or person receiving payment, and	a brief descrip		•	
	by the lobbyist for other lobbying expenses and services, including in lobbying and payments for grass roots lobbying campaigns (e			ses and others retain	ned to provide	lobbying services or
Date	Recipient's Name and Address	Employer for Wh	nom Expense	was Incurred		Amount
						\$

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711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

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JAN 1 0 2006

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name NICK FED ERICI				Public Discle	osure Commission
Mailing Address 2927 CLOVERFIECD DR	SE				
CIPLYMPIA	State WA	Zip + 4 50	1	New Address?	☐ Yes ♣️ No
2. This report is PdV ()	This report correct	s or		Business Telepho	
for the period (Month) (Year)	amends the report	for (Month)	(Year)	(360)481	1936
ALL COMPLETE TH	IS PART		COMPLETE IF YO	OU HAVE MORE THA	N ONE EMPLOYER
Include all reportable expenditures by lobbyist and lobby incurred during the reportable	rist's employer for or or	n behalf of the lobbyist	Amoun	it attributed to each e	mployer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No/ Column B	Employer No. <u>Z</u> Column C	Employer No. <u>3</u> Column D
	pages)	Column A	Column B	Columnic	
 COMPENSATION earned from employer for lobbying this period (salary, wages, retainer) 	\$ 15,400		\$ Z000	\$ 250	\$ /200
PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ 800	£ 300	\$500		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 16,200	\$ 300	\$ 2500	\$ 250	\$ 1000
11. EMPLOYERS' No. \(\frac{1}{Z} \) (C) \(\text{M I DW I V} \) No. \(\frac{Z}{Z} \) (D) \(\text{H DW E CA} \) 12. Subject matter of proposed legislation or other legislative ac Subject Matter, Issue or Bill No. Legis	tivity or rulemaking the ic	SN OF WA + WA STATE	posing.	nore than three employer Employer Repe	
TOBACCO CON MOL				1,5	
HEACTH CARE ACCESS					7,9,10
Continued on attached pages		(7)	<u></u>	A 2, 5,	2
13. Of the time spent lobbying, what percentage was devoted to	lobbying: the Le	gislature%	State Agencies	 %.	
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	WISH TO TERMINATE	YOUR REGISTRATION)			
Date registration ends: Empl I understand that an L-2 report is required for any month or p file a new registration prior to lobbying for that employer in the	oyer's name: portion thereof in which I ne future. All registration:	am a registered lobbyist. Les s tegnipate aylomatically on	ksg understand that one	ce I have terminated m January of each odd n	y registration, I must umbered year
		TIFICATION /	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
I certify that this report is true and complete to the best of my known		DBBYIST/SIGNATURE!		1/	DATE 9 OG
-	5	EXHIBIT#	5	CONTINUE	N NEXT PAGE



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Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

Lobbyist Name Public Disclosure Commission FED ERICI CLOVERFIELD DR SE Zip + 4 9850/ New Address? ☐ Yes ♣ No Business Telephone This report corrects or (360) 481- 1936 amends the report for for the period (Year) (Month) (Year) COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER ALL COMPLETE THIS PART Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist Amount attributed to each employer incurred during the reporting period TOTAL AMOUNT Amounts paid from Employer **Employer** lobbyist's own funds, **Employer** THIS MONTH All employers plus not reimbursed or No. 4 No. _ attributed to an own expense employer. (Columns a + b + c **Expense Category** + d and attached Column B Column C Column D Column A pages) COMPENSATION earned from employer for lobbying this 2500 100 period (salary, wages, retainer) \$ PERSONAL EXPENSES for travel, food and \$ ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) CONTRIBUTIONS to elected officials, candidates and 300 political committees (See #16) ADVERTISING, PRINTING, INFORMATIONAL **LITERATURE** POLITICAL ADS. PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17) OTHER EXPENSES AND SERVICES (See #18) 10. TOTAL COMPENSATION AND EXPENSES INCURRED 2500 THIS MONTH (Attach additional page(s) if you lobby for more than three employers.) No. \(\frac{4}{\infty}\) (B) WA LOW-INCAME HOUSING ALLIANCE
No. \(\frac{1}{\infty}\) (C) RESPIRATIONS CARE SOCIETY IN WA 11. EMPLOYERS NAMES No. 6 (D) WA TO XICS COALITIME

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing. **Employer Represented** Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter ItousiNG + ItOM ECESINESS 4,10 WAGES + BENEFITC 3 POLLUTION PREVENTIM+ CLEANUP Continued on attached pages State Agencies 13. Of the time spent lobbying, what percentage was devoted to lobbying: 14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION) Date registration ends: Employer's name: I understand that an L-2 report is required for any month or portion thereof in which I am a regime/ed/lob/syst Valse understand that once I have terminated my registration, I must e, second Monday in January of each odd numbered year. file a new registration prior to lobbying for that employer in the future. All registrations terminates CERTIFICAT I certify that this report is true and complete to the best of my knowledge. LOBBY

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Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)				JAN 1 0 2006		
1. Lobbyist Name NICH FED ERICI Mailing Address 2927 CUNEAFIELD DR SE					closure Commission	
Mailing Address CLAN ENFIECD A	DR SE					
BLY MPIA	State WA	Zip + 4 9850 1		New Address?	☐ Yes 【☐ No	
2. This report is NOV US	This report correct	s or		Business Telepho	ne	
for the period	amends the report		()/	(360)481-	1936	
(Month) (Year) ALL COMPLETE TO	HIS DART	(Month)	(Year)	U HAVE MORE THAN	ONE EMPLOYER	
Include all reportable expenditures by lobbyist and lobb		n behalf of the lobbyist				
incurred during the rep	porting period		Amount	attributed to each e	mployer	
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer.	Employer No. <u>7</u> Column B	Employer No. <u>P</u> Column C	Employer No	
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	l <u>-</u>	Column A	5 1100	s <i>79000</i>	s /100	
	\$		\$ 7700	\$ 0000	\$ 7000	
 PERSONAL EXPENSES for travel, food and refreshments 		\$				
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 						
 CONTRIBUTIONS to elected officials, candidates and political committees (See #16) 		300				
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE						
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)			****			
9. OTHER EXPENSES AND SERVICES (See #18)						
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$ 300	1100	\$ 2000	\$ 1000	
11. EMPLOYERS' NAMES No. 7 (B) NATIONAL No. 9 (C) FALL FAX No. 9 (D) NATIONAL 12. Subject matter of proposed legislation or other legislative a Subject Matter, Issue or Bill No. Legi MENTAL ITENLETH DISABILITIES JISUES	Clivity or rulemaking the lo	E SCLEROSIS S	osing.	Employer Repre	esented	
Continued on attached pages	o lobbying: the Lea	iclature JV .	State Agencies	4/		
 Of the time spent lobbying, what percentage was devoted to TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU 			nate rigerioles			
·	loyer's name:	/ /				
I understand that an L-2 report is required for any month or file a new registration prior to lobbying for that employer in t	portion thereof in which I a	um a regisseled lybbyist dals terminate automatically on the	o understand that once	I have terminated my anuary of each odd nur	registration, I must mbered year.	
	CERT	IFICATION LA	7			
certify that this report is true and complete to the best of my kn	owledge. LC	BBYISTSIGNATURI	7		DATE	



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IAN 1 0 2006

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

				JAN	1 T O 2000
1. Lobpyist Name NICH FEDERICI Malling Address 2927 Cloven FIELD DR JE					closure Commission
Malling Address Cloven FIELD	DR JE				
COLYMPIA	State	9850/		New Address?	☐ Yes 🕻 No
2. This report is NOV 05	This report correct	s or		Business Telepho	
for the period	amends the report			360 481	1936
(Month) (Year)		(Month)	(Year)		
ALL COMPLETE 1		- hehalf of the labbulet	COMPLETE IF T	OU HAVE MORE THA	N ONE EMPLOTER
Include all reportable expenditures by lobbyist and lob incurred during the re		n benail of the lobbyist	Amou	nt attributed to each o	employer
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>/</u> O	Employer No Column C	Employer No Column D
COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)		Coldinia	\$ 2250	¢	¢
	\$		D C 30	P	\$
 PERSONAL EXPENSES for travel, food and refreshments 		\$			
 ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15) 				,	
CONTRIBUTIONS to elected officials, candidates and political committees (See #16)		300			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE	,		·		
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$ 700	\$ 5520	\$	\$
11. EMPLOYERS' No. 10 (B) (IN / TEX) No (C) No (D) 12. Subject matter of proposed legislation or other legislative Subject Matter, Issue or Bill No. EALLY LEALNING EMELIFICIAL MATTER EMELIFICATION TO THE STATE OF THE STATE O	activity or rulemaking the lo	IC COUNTY	posing.	employer Repr	
Continued on attached pages		50	5	Ø	
13. Of the time spent lobbying, what percentage was devoted		gislature%	State Agencies		
14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU	U WISH TO TERMINATE Y	OUR REGISTRATION)			
	ployer's name:		(/ (
I understand that an L-2 report is required for any month o file a new registration prior to lobbying for that employer in	the future. All registrations	s terminate automatically fon	Ilso understand that on the second Monday in	ce I have terminated my January of each odd nu	registration, I must imbered year.
I certify that this report is true and complete to the best of my k		TIFICATION/		1	9/06
	<u>'</u> E	XHIBIT/#5	····	CONTINUE O	N NEXT PAGE

					1.0	
P	age 2	2			LZ	OLIVED
		L FEDERICI	Reporting Period	NOV (Month)	(Year)	IAN 1 0 2006
	Show the Enterta Travel Enrolle Lobbyists	all of the following expenditures that were incurred by lobbyist or ke actual amount Incurred for each Individual or the amount frainment expenditures exceeding \$25 per occasion (including lobb. lodging and subsistence expenses in connection with a speech, nent and course fees in connection with a seminar or educationals must provide an elected official with a copy of the L-2 or Memo is or her family member(s); or 2) providing travel, lodging, subsistence	airly attributed to each. byist's expense) for meals, beverage presentation, appearance, trade mi I program. Report if the lobbyist reports: 1) spe	es, tickets, passe ission, seminar o ending on one or	Publes, or for other forms of en or educational program. ccasion over \$50 for food o	lic Disclosure Commission lertainment. or beverages for the official.
	Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.		Spansoring Employer	Amount \$
	N/A	Total expenses itemized on attached Memo Reports	1	· · · · · · · · · · · · · · · · · · ·		-
	Continued	on attached pages.				
i1/	state can or state b lobbying of Date	tary or in-kind contribution exceeding \$25 was given or transmitted didates or elected officials; local and state officers or employees; laboratory and the proposition. If a contribution exceeding \$25 was given to the campaign. Name of Individual or Committee Receiving Contribution INFAMELY FIND OWN MILL FOR ALL WHY (I - 901) — IN KIND HOUSE DEMOCRATIC CAMPMON COMMITTEE CHILDREN'S CAMPMON FUND CHILDREN'S CAMPMON FUND	political committees supporting or o	opposing any ca below: a caucu urce of Contribut	ndidate, elected official, of s political committee; a po	ficer or employee or any local
		Total contributions itemized on attached Memo Reports tions were made directly by a political action committee associate port need not be again included in this L-2 report.)	ed, affiliated or sponsored by your e	employer, show i	name of the PAC below. (Information reported by PAC
_		•				
_	Expenditu	on attached pages. PAC Name: pres for: a) political advertising supporting or opposing a state or indirectly are lobbying-related must be itemized by amount, veno page that also shows lobbyist name and report date. Put the agg	dor or person receiving payment, an	id a brief descrip		
18.		by the lobbyist for other lobbying expenses and services, includi e in lobbying and payments for grass roots lobbying campaigns (sses and others retained to	provide lobbying services or
ls V	Date (5	Recipient's Name and Address ALIA GRIHING 6240 LARIAT LOOP BAINBRIDGE ISLAND, WA 98110	Employer for V	Whom Expense	was Incurred	\$ 2000 -

Continued on attached page.